Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Tuesday, August 10, 2021, 6:00 PM – 8:00 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference
(669) 900-6833
Meeting ID: 962 5812 9548
https://zoom.us/j/96258129548
Passcode: SCFHP123

AGENDA

1. Roll Call	Dr. Paul	6:00	5 min
2. Public Comment Members of the public may speak to any item not on the agenda; two minutes per speaker. The Quality Improvement Committee (QIC) reserves the right to limit the duration of the public comment period to 30 minutes.	Dr. Paul	6:05	5 min
3. Meeting Minutes Review draft minutes of the 06/09/2021 QIC meeting. **Possible Action:** Approve draft minutes of the 06/09/2021 QIC meeting	Dr. Paul	6:10	5 min
4. CEO Update Discuss status of current topics and initiatives.	Ms. Tomcala	6:15	10 min
5. SCFHP Cal MediConnect (CMC) Availability of Practitioners Evaluation Review of the SCFHP CMC Availability of Practitioners Evaluation. **Possible Action:** Approve the SCFHP CMC Availability of Practitioners Evaluation	Ms. Gambatese	6:25	15 min
6. HEDIS Reporting Review of the HEDIS Reporting 2020.	Ms. Le	6:40	15 min
7. Annual E-Mail Quality and Analysis Review the annual E-Mail Quality and Analysis report. **Possible Action:** Approve the Annual E-Mail Quality and Analysis	Ms. Nguyen	6:55	15 min

8. Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis Review of the Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis. **Possible Action:** Approve the Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis	Ms. Nguyen	7:10	15 min
9. Quality Dashboard Review of the Quality Dashboard.	Dr. Liu	7:25	10 min
10. Compliance Report Review of the Compliance Report.	Mr. Haskell	7:35	10 min
11. Pharmacy & Therapeutics Committee (P&T) Review draft minutes of the 06/17/2021 P&T Committee meeting. **Possible Action:** Approve the 06/17/2021 P&T draft meeting minutes	Dr. Lin	7:45	5 min
12. Utilization Management Committee (UMC) Review draft minutes of the 07/21/2021 UMC meeting. **Possible Action:** Approve the 07/21/2021 UMC draft meeting minutes	Dr. Lin	7:50	5 min
13. Credentialing Committee Report Review 06/02/2021 Credentialing Committee Report. **Possible Action:** Approve the 06/02/2021 Credentialing Committee Report	Dr. Nakahira	7:55	5 min
14. Adjournment The next QIC meeting will be held on October 12, 2021.	Dr. Paul	8:00	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Quality Improvement Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Nancy Aguirre 48 hours prior to the meeting at (408) 874-1835.
- To obtain a copy of any supporting document that is available, contact Nancy Aguirre at (408) 874-1835. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com.

Santa Clara Family Health Plan™

Quality Improvement Committee

Meeting Minutes

June 9, 2021

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, June 9, 2021, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present	Specialty
Ria Paul, MD, Chair	Emergency Medicine
Ali Alkoraishi, MD	Adult & Child Psychiatry
Nayyara Dawood, MD	Pediatrics
Jennifer Foreman, MD	Pediatrics
Jimmy Lin, MD	Internist
Laurie Nakahira, D.O., Chief Medical Officer	
Christine Tomcala, Chief Executive Officer	
	Geriatric Medicine
Members Absent	
Jeffery Arnold, MD	Pediatrics

Staff Present
Chris Turner, Chief Operating Officer
Laura Watkins, Vice President , Marketing and Enrollment
Johanna Liu, PharmD, Director, Quality & Process Improvement
Janet Gambatese, Director, Provider Network Operations
Tyler Haskell, Interim Compliance Officer
Lucile Baxter, Manager, Quality & Health Education
Mike Gonzalez, Manager, Community Resource Center
Natalie McKelvey, Manager, Behavioral Health
Theresa Zhang, Manager, Communications
Gaya Amirthavasar, Process Improvement Project Manager, Quality Improvement
Victor Hernandez, Program Manager, Grievance and Appeals
Kelly Davey, Supervisor, Grievance & Appeals
Karen Fadley, Provider Database Analyst, Provider Network Operations
Nancy Aguirre, Administrative Assistant
Rita Zambrano, Administrative Assistant

DRAFT

1. **Roll Call**

   Ria Paul, MD, Chair, called the meeting to order at 6:02 pm. Roll call was taken and quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   Minutes of the April 14, 2021 Quality Improvement Committee (QIC) meeting were reviewed when a quorum was established.

It was moved, seconded and the minutes of the 04/14/2021 QIC meeting were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold

4. CEO Update

Christine Tomcala, Chief Executive Officer, reported the current Plan membership is approximately 282,670 members, reflecting an 11.3% increase over the last year, since June 2020. Of which, approximately 10,080 are Cal MediConnect (CMC) members and 272,590 are Medi-Cal (MC) members. Santa Clara Family Health Plan (SCFHP) exceeded the 10K CMC member milestone.

Ms. Tomcala announced the state will restart MC redetermination as of January 2022. A decline in membership is anticipated.

SCFHP is working on the CalAIM initiative with the county to transition their Whole Person Care (WPC) members, as well as our Home Health members, into the new ECM and ILOS programs. The deadline for the transition plan is July 1st, 2021.

Ms. Tomcala noted the Blanca Alvarado Community Resource Center (CRC) continues to host vaccination clinics and have expanded clinic hours to evenings and weekends, with no appointment necessary. Over 1,000 vaccines have been administered at the CRC. A soft opening of the CRC will begin with application assistance this month.

Dr. Lin asked where the CRC is located. Ms. Tomcala informed the committee the CRC is located on McKee Rd. and Capitol Ave, in place of the Home Town Buffet. SCFHP plans to open the CRC in September, 2021.

Dr. Paul asked which vaccine is being administered. Ms. Tomcala explained the county determines which vaccine will be administered based on availability.

5. Assessment of Member Cultural and Linguistic Needs and Preferences

Janet Gambatese, Director, Provider Network Operations, presented the Assessment of Member Cultural and Linguistic Needs and Preferences. Ms. Gambatese explained SCFHP conducts this assessment on an annual basis to study the cultural, ethnic, racial, and linguistics needs of its members.

Ms. Gambatese reviewed the Santa Clara County demographics, gathered from the US census and statistical atlas, as well as their spoken languages. SCFHP utilizes this information to develop this assessment.

Ms. Gambatese also reviewed the percentage of the SCFHP Network Providers who speak the threshold languages (English, Spanish, Vietnamese, Tagalog, and Chinese). Language line interpreter services, including face-to-face interpreter services, were also reviewed, as well as the member grievances for said interpreter services. The Consumer Assessment of Healthcare Provider Survey (CAHPS) results were reviewed.

In conclusion, the assessment revealed there are no significant disparities in meeting member cultural, ethnic, racial, and linguistic preferences, which concludes member needs are being met. SCFHP will continue to seek diverse providers with the racial, ethnic, cultural, and language diversity and skills needed to ensure our member population's needs continue to be met.

Dr. Alkoraishi pointed out the discrepancy in Ms. Gambatese's presentation, regarding the reported percentage reflecting over 100%. Ms. Gambatese explained this is due to the multiple counts of a member's ethnicity. This information is obtained through the US Census, so we may not be able to resolve this.

DRAFT

It was moved, seconded and the Assessment of Member Cultural and Linguistic Needs and Preferences was **unanimously approved.**

Motion: Dr. Alkoraishi
Second: Dr. Lin
Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold

6. 2020 Impact Analysis

Gaya Amirthavasar, Project Manager, Process Improvement, presented the 2020 Impact Analysis in place of Angela Chen, Interim Director, Case Management. The Impact Analysis is conducted on an annual basis and is based off of the goals set through the Population Health Management (PHM) Strategy, as well as NCQA requirements. The PHM group is composed of staff from the following teams: Case Management (CM), Behavioral Health (BH), Long Term Services and Support (LTSS), Quality Improvement (QI), and Health Education (HE).

Ms. Amirthavasar reviewed the goals and results of Focus Area 1: Keeping Members Healthy; Focus Area 2: Managing Members with Emerging Risk; Focus Area 3: Managing Multiple Chronic Illnesses; Focus Area 4: Patient Safety or Outcomes across Settings; and Focus Area 5: Member Experience with CM Services.

Dr. Lin inquired about incentives for providers to improve the results for the goal in Focus Area 1 (to increase the number of wellness visits of newly enrolled CMC members within their first year of membership). Johanna Liu, PharmD, Director, Quality and Process Improvement, shared the incentive opportunities SCFHP provides to its providers.

Ms. Amirthavasar reviewed the results of the Member Experience Survey for BH, specific to the CM Program, and noted this is SCFHP's first year conducting this survey. The goal was to reach 90% in each targeted area. SCFHP did not meet 4 out of 5 areas, and will continue to monitor the BH program to implement changes for improvement.

It was moved, seconded and the 2020 Impact Analysis was **unanimously approved.**

Motion: Dr. Nakahira
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold

7. 2021Population Health Management (PHM) Strategy and Activities and Resources Grid

Ms. Amirthavasar presented the PHM Strategy and Activities & Resource Grid. The PHM Strategy is a document that is reviewed every year and updated if necessary. The PHM Strategy is based on the Impact Analysis as well as the PHM Assessment, and serves as a guide to the CM program.

Ms. Amirthavasar noted a change was made to include elements of our MC line of business in preparation of the MC NCQA accreditation. Similar to previous years, the PHM Strategy consists of 4 tiers to stratify the population. The most complex is Tier 1: Complex Case Management, followed by Tier 2: Chronic Condition Management (Uncontrolled). Tier 3 is Chronic Condition Management (Controlled), and Tier 4: Healthy Members. The goals identified in the PHM strategy did not change from last year since SCFHP was not able to meet the goals, as mentioned in the Impact Analysis.

Ms. Amirthavasar reviewed the Activities and Resources Grid, which is based on the needs results of the Population Health Assessment (PHA), to identify areas of need within the CMC line of business. The QIC discussed the following needs and changes to programming, resources, and the community resources available to address these identified needs from the population assessment. Needs identified included financial insecurity, language, transportation, admissions for sepsis, behavioral health ED admissions, and COVID-19. SCFHP plans to develop a social determinants of health strategy to address members social needs, include the member's preferred spoken language on the Member ID card, hire additional outreach staff

relative to COVID-19 education and vaccination scheduling, provide training and education to staff and utilize the new CRC to address these needs. SCFHP also plans to partner with the community to offer COVID-19 clinics and important communications to reach priority vulnerable groups.

It was moved, seconded and the 2021PHM Strategy and Activities and Resources Grid was **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Nakahira
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold

8. Annual Review of QI Policies

Dr. Liu reviewed the Behavioral Health policies: Qi.17, QI.18, QI.20, QI.21, QI.22, QI.23, QI.24, QI.25, and QI.27.

a. QI.17 – No changes made
b. QI.18 – No changes made
c. QI.20 – No changes made
d. QI.21 – No changes made
e. QI.22 – No changes made
f. QI.23 – No changes made
g. QI.24 – No changes made
h. QI.25 – No changes made
i. QI.27 – No changes made

It was moved, seconded, and the QI Policies were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold

9. Grievance and Appeals Report Q1 2021

Victor Hernandez, Quality Assurance Program Manager, Grievance and Appeals (G&A), presented the G&A Report Q1 2021.

Mr. Hernandez reviewed the grievance cases received as well as the G&A rate per 1,000 members for MC and CMC. Mr. Hernandez noted a large decrease in CMC grievances received in Q1 2021.

Also reviewed were the Q1 2021 top 3 MC Grievance Categories and the top 3 MC Grievance Subcategories, as well as the MC Appeals by Case Type, Disposition, Overturn Rationale, and Uphold Rationale.

In addition, the Top 3 CMC Grievance Categories and the top 3 CMC Grievance Subcategories were reviewed, as well as the CMC Appeals by Case Type, Disposition, Overturn Rationale, and Uphold Rationale.

Ms. Tomcala asked for an explanation of what the overturn rationale for Plan Directed Care. Mr. Hernandez reported back to Ms. Tomcala with a detailed explanation offline.

It was moved, seconded, and the G&A Report Q1 2021 were **unanimously approved.**

Motion: Dr. Foreman
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold

DRAFT

10. Quality Dashboard

Dr. Liu reviewed the Quality Dashboard, beginning with Potential Quality of Care Issues (PQI), as well as Member Incentives. Dr. Liu noted a total of 75K mailers were mailed and 35K of gift cards have been distributed since July 2020.

Dr. Liu reviewed the Initial Health Assessment (IHA) and explained the IHA is a comprehensive assessment completed during a new MC member's initial visit with their PCP within 120 days of joining the plan. Reports indicate an increase in completion rate this year.

Dr. Liu reviewed the Outreach Call Campaign. Over the last month, over 8K calls were made, from March 2021 – May 2021, to members to help close gaps in care.

During the pandemic, SCFHP paused conducting Facility Site Reviews (FSRs) and switched to a virtual review instead. Thus far, at least 2 FSRs have been completed. SCFHP is looking forward to conducting future FSRs to expand the provider list.

11. Compliance Report

Tyler Haskell, Interim Compliance Officer, reviewed the Compliance Report. SCFHP is currently undergoing the annual MC Validation Audit, required by CMS. Final results will be submitted to CMS by the end of June 2021.

Mr. Haskell reviewed the Department of Health Care Services (DHCS) MC Managed Care Audit and the Department of Managed Health Care (DMHC) MC Managed Care Audit, both of which took place in March 2021.

Mr. Haskell noted SCFHP has been working since last Fall to implement corrective actions relating to the six finding in the final 2020 DHCS audit. The corrective Action Plans (CAPs) have been implemented and are on track to be completed in June.

12. UMC Minutes

Dr. Lin reviewed the draft UMC minutes for the 04/21/2021 meeting.

It was moved, seconded, and the draft minutes of the 04/21/2021 UMC meeting were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Paul
Ayes: Dr. Alkoraishi, Dr. Dawood, Foreman, Dr. Nakahira, Ms. Tomcala
Absent: Dr. Arnold

13. Credentialing Committee Report

Dr. Lin reviewed the 04/07/2021 Credentialing Committee Report.

It was moved, seconded, and the Credentialing Committee Report was **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Dawood
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold

14. Adjournment

The next QIC meeting will be held on August 11, 2021. The meeting was adjourned at 7:31PM.

_____ _____

Ria Paul, MD, Chair Date

DRAFT

Santa Clara Family Health Plan™

Santa Clara Family Health Plan
Availability of Provider Network

Cal-MediConnect - 2021

Prepared by:

Karen Fadley, Provider Network Operations Data Analyst

For review and approval by the Quality Improvement Committee

July 2021

INTRODUCTION

Santa Clara Family Health Plan (SCFHP) covers residents of Santa Clara County, officially the County of Santa Clara, which is California's 6th most populous county, with a population of 1,918,880, per worldpopulationreview.com (2021). The county seat and largest city is San Jose, the 10th most populous city in the United States, California's 3rd most populous city and the most populous city in the San Francisco Bay Area.

Santa Clara County is part of the San Jose-Sunnyvale-Santa Clara, CA Metropolitan Statistical Area as well as the San Jose-San Francisco-Oakland, CA Combined Statistical Area. Located on the southern coast of San Francisco Bay, the urbanized Santa Clara Valley within Santa Clara County is also known as Silicon Valley. Santa Clara is the most populous county in the San Francisco Bay Area and in Northern California.

Counties which border with Santa Clara County are, clockwise, Alameda County, San Joaquin (within a few hundred feet at Mount Boardman), Stanislaus, Merced, San Benito, Santa Cruz, and San Mateo County.

Santa Clara Family Health Plan (SCFHP) administers Cal MediConnect (CMC); a dual eligible plan for members who qualify for both Medicare and Medi-Cal. CMC enrollees receives Medicare and Medi-Cal benefits from one plan, such as, medical care, prescription medications, mental/behavioral health care, long-term services and supports (LTSS), and connection to social services. Other important benefits include vision care, transportation and hearing tests and aids.

At least annually, SCFHP conducts a quantitative analysis against availability standards and a qualitative analysis on performance. SCFHP's performance measures are used to assess provider availability for primary care, high volume specialist(s), high impact specialist(s), and high volume behavioral health providers. SCFHP's goal is to maintain an adequate network and to monitor how effectively the network meets the needs and preferences of its members.

SCFHP identifies at least three (3) high-volume specialists (at minimum to include gynecology), two (2) high-volume behavioral health providers and one (1) high impact provider (oncology), all of which are included in this assessment. Encounter data collection to identify high volume/impact providers is through QNXT; a claims management system. SCFHP's Internal Systems & Technology (IS&T) department extracts encounter data for a twelve (12) month period. The reports are used to identify high volume/impact specialists and behavioral health providers by highest total of unique members seen. Network Access (Geo Access) reports are generated through the Quest Analytics system and are used to assess if provider availability meets SCFHP standards.

DEFINITIONS

Primary Care Providers (PCP) are defined as Family/General Practice, Internal Medicine and Pediatrics.

***Pediatrics is not applicable for the population represented in this report.

High **Volume** Specialists (HVS) - encounter data is used to identify providers that provide services to the largest segment of members. HVS providers may be located in high-volume geographic areas and/or practice in a high-volume specialty. HVS assessments at minimum includes gynecology.

High **Impact** Specialists (HIS) are specialists who treat conditions that have high mortality and morbidity rates and where treatment requires significant resources**.** HIS assessments at minimum includes hematology/oncology.

High **Volume** Behavioral Health (HVBH) - encounter data is used to identify behavioral health providers that provide services to the largest segment of members. HVBH providers may be located in high-volume geographic areas and/or practice in a high-volume behavioral health specialty.

Provider to Member Ratios: Number of network providers to meet minimum number required to allow adequate healthcare access for beneficiaries.

A. SCFHP— Member Enrollment Count

Data Source: Quest Analytics

LINE OF BUSINESS	Enrollment Count
Cal MediConnect (CMC)	10,148

B. Provider to Member Ratios

Methodology:
SCFHP follows Centers for Medicare & Medicaid Services (CMS) guidelines where the Provider and Facility Health Service Delivery (HSD) process is used to demonstrate network adequacy. Access to each specialty type is assessed using quantitative standards based on the availability of providers to ensure there are a sufficient number of providers to meet the health care needs of SCFHP Cal-MediConnect (CMC) members.

SCFHP uses CMS's established ratios of providers that reflect the utilization patterns based on the Medicare population. Specifically, the network adequacy criteria includes a ratio of providers required per 1,000 beneficiaries for the provider specialty types identified as required to meet network adequacy criteria. These ratios vary by county type and are published for the applicable specialty types in the HSD Reference File, as reflected in SCFHP's metrics in Tables I-III below.

The automated HPMS process, conducts an assessment on SCFHP's ability to meet the minimum provider numbers based on the providers listed on the HSD tables submitted to CMS by the Plan. Network providers must be within the maximum travel time and distance of at least one beneficiary residing in the county being assessed in order for the provider to count towards the minimum number requirements.

Through the HSD process, a final determination is made on whether the Plan is operating in compliance with current CMS network adequacy criteria. CMS submits an ACC report to the Plan which reports if the Plan is operating in compliance with CMS's network adequacy criteria. If the Plan passes its network review, then CMS and SCFHP will take no further action. If the Plan fails its network review, CMS and SCFHP will take appropriate compliance actions.

As shown in the metrics Tables I-III below, SCFHP's performance goal is to ensure that at least 90% of beneficiaries residing in its service area have access to the minimum number for each provider type as required by CMS.

Metrics (Tables I – III)**:**

Table I: Primary Care Provider

Provider Type (PCP)	Measure	Standard	Performance Goal
Family/General Practice Internal Medicine (IM)	Family/General Provider to Member IM Provider to Member	1:87 1:87	90% 90%

Table II. High Volume / High Impact Specialists

Provider Type	Measure:	Standard	Performance Goal
Cardiology (HVS) Gynecology (HVS)	Cardiology Provider to Member Gynecology Provider to Member	1:300 1:1200	90% 90%
Ophthalmology (HVS)	Ophthalmology Provider to Member	1:300	90%
Hematology/Oncology (HIS)	Oncology Provider to Member	1:400	90%

Table III: Behavioral Health Provider

Provider Type	Measure:	Standard	Performance Goal
Psychiatry (HVBH)	Psychiatry Provider to Member	1:600	90%
Licensed Clinical Social Worker (LCSW) (HVBH)	LCSW Provider to Member	1:600	90%
Marriage/Family Therapy (LCMFT) (HVBH)	LCMFT to Member	1:600	90%

C. Maximum Time and Distance

Methodology:
SCFHP follows CMS guidelines where the Provider and Facility Health Service Delivery (HSD) process is used to demonstrate network adequacy. Access to each specialty type is assessed using quantitative standards based on the availability of providers to ensure there are a sufficient number of providers to meet the health care needs of SCFHP CMC members.

The maximum time and distance criteria were developed using a process of mapping beneficiary locations with provider practice locations. The time and distance metrics speak to the access requirements pertinent to the approximate locations of SCFHP members, relative to the locations of network providers. Through an automated HPMS process that is driven by time and distance criteria, CMS uses the provider information submitted by SCFHP through HSD tables to assess SCFHP's ability to meet maximum travel time and distance standards.

Through the HSD process, a final determination is made on whether the Plan is operating in compliance with current CMS network adequacy criteria. CMS submits an ACC report to the Plan which reports if the Plan is operating in compliance with CMS's network adequacy criteria. If the Plan passes its network review, then CMS and SCFHP will take no further action. If the Plan fails its network review, CMS and SCFHP will take appropriate compliance actions.

As shown in the metrics Tables I-III below, SCFHP requires that at least 90% of CMC members can access care within specific travel time and distance maximums where at least one in-network provider should be located within driving time and distance standards. Network adequacy is assessed at the county level and Santa Clara County's designation type is "Large Metro".

Metrics (Tables I-III)**:**

Table I: Primary Care Provider

Provider Type	Measure: Driving Time and Distance	Performance Goal
Family/General Practice Internal Medicine	10 minutes and 5 miles 10 minutes and 5 miles	90% 90%

Table II: High Volume / High Impact Specialists

Provider Type	Measure: Driving Time and Distance	Performance Goal
Cardiology Gynecology	20 minutes and 10 miles 30 minutes and 15 miles	90% 90%
Ophthalmology	20 minutes and 10 miles	90%
Hematology/Oncology	20 minutes and 10 miles	90%

Table III: Behavioral Health Provider

Provider Type	Measure: Driving Time and Distance	Performance Goal
Psychiatry Licensed Clinical Social Worker (LCSW)	20 minutes and 10 miles 20 minutes and 10 miles	90% 90%
Marriage/Family Therapy (LCMFT)	20 minutes and 10 miles	90%

*SCFHP follows HSD maximum driving time/distance standards published via the MMPHSD Criteria Reference Table and LCSW's and LCMFT's are not included, thus the Plan uses Medicaid standards for these provider types.

D. Results – (Tables I-III):

Table I: Provider to Member Ratios – Providers (All)

Provider Type	Provider #	Member #	Standard	Result	Goal	Met/Not Met
Primary Care Provider						
Family/General Practice	258	10,148	1:87	1:39	90%	Met
Internal Medicine	259	10,148	1:87	1:39	90%	Met
Total (PCP's combined)	517	10,148	1:87	1:20	90%	Met
High Volume Specialists						
Cardiology	125	10,148	1:300	1:81	90%	Met
Gynecology	245	10,148	1:1200	1:41	90%	Met
Ophthalmology	190	10,148	1:300	1:53	90%	Met
High Impact Specialist						
Hematology - Oncology	90	10,148	1:400	1:113	90%	Met
High Volume Behavioral Health Providers						
Psychiatry	151	10,148	1:600	1:67	90%	Met
Marriage/Family Therapy	17	10,148	1:600	1:597	90%	Met
Clinical Social Worker	48	10,148	1:600	1:211	90%	Met

Santa Clara Family Health Plan™

Table II: Provider to Member Ratios -- Providers Accepting New Patients

Provider Type	# of Providers	Total Open	% Open	Goal	Provider to Member Ratio	Met/Not Met
Primary Care	517	199	38%	1:87	1:51	Met
Cardiology	125	123	98%	1:300	1:83	Met
Gynecology	245	201	82%	1:1200	1:50	Met
Ophthalmology	190	182	96%	1:300	1:56	Met
Hematology/Oncology	90	90	100%	1:400	1:113	Met
Psychiatry	151	140	93%	1:600	1:72	Met
Marriage/Family Therapy	17	17	100%	1:600	1:597	Met
Clinical Social Worker	48	47	98%	1:600	1:216	Met

Table III: Maximum Driving Time & Distance (MTD)

Provider Type	Members with Access	Members without Access	Standard (Time and Distance)	% of Members with Access	*Goal	Met/Not Met
Primary Care (PCP)	10,088	42	10 min and 5 miles	99.5%	90%	Met
Cardiology	10,060	70	20 min and 10 miles	99.3%	90%	Met
Gynecology	10,130	0	30 min and 15 miles	100%	90%	Met
Ophthalmology	9,977	153	20 min and 10 miles	98.5%	90%	Met
Hematology - Oncology	9,923	207	20 min and 10 miles	98.0%	90%	Met
Psychiatry	10,130	0	20 min and 10 miles	100%	90%	Met
Marriage/Family Therapy	9,256	878	20 min and 10 miles	91.4%	90%	Met
Clinical Social Worker	9,432	702	20 min and 10 miles	93.1%	90%	Met

***Goal:** 90% of members will have access

Quantitative Analysis: As shown in **Tables I & II**, SCFHP is able to demonstrate that provider to member ratios are met against its performance goals on all providers (Table I) and providers who are accepting new patients (Table II). SCFHP achieved the same results in PY2020 where provider to member ratios met the Plan's performance goals across all provider types included in the assessment.

Further review showed that PCP providers accepting new patients in 2021 increased by 3 percentage points from 2020, cardiology, oncology/hematology, Marriage/Family Therapy, Clinic Social Worker showed no change and gynecology decreased by 3 percentage points, ophthalmology increased 10 percentage points, while Psychiatry decreased by 1 percentage point. Thus, overall results indicate that provider to member ratios across all provider types remain steady.

As shown in **Table III** maximum time and distance standards are being met across all provider types. Performance goals were exceeded in all provider types at 91.4% (lowest) and 100% (highest). Members shown without access represents the number of members that do not have access within maximum time and distance (MTD) standards. As shown in the table, the total number of members without access is 2,052 at 20%.

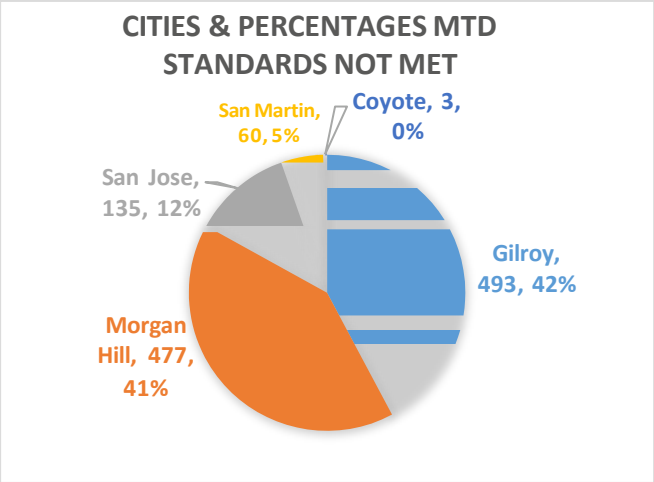
SCFHP further examined access detail reports and maps to identify the top 3 cities/zips where MTD standards were not met. The sample review included the provider types from each category (PCP, HVS, HIS and HVBH) with the highest number of members without access within MTD standards. Note that the sample review covered all PCP types (FP and IM). The assessment revealed the following –

Table A: Top 3 Cities/Zips MTD Not Met

Provider Type	Total # withou	City (1)	Zip	# witho ut	City (2)	Zip	# without access	City (3)	Zip	# without access
Primary Care (PCP)	42	San Martin	95037	20	Morgan Hill	95037	12	Gilroy	95020	3
Cardiology	70	San Jose	95139	32	San Jose	95138	25	San Jose	95119	9
Ophthalmology (HVS)	153	Morgan Hill	95037	145	Coyote	95013	3	Gilroy	95120	2
Hematology - Oncology (HIS)	207	Morgan Hill	95037	111	San Jose	95138	37	San Jose	95139	32
Clinical Social Worker (HVBH)	702	Gilroy	95020	448	Morgan Hill	95037	209	San Martin	95046	40

Table A shows that the top 3 cities/zips where maximum time and distance standards were not met for Family/General Practice/Internal Medicine (PCP), Ophthalmology (HVS), Hematology/Oncology (HIS), Cardiology and Clinical Social Worker (HVBH). The sample pulled were from primary care and the highest number of members without access under each provider category (HVS, HIS and HVBH). The table also includes the total number of members without access under each city/zip. As shown above in section D. Results, Table III, the total number of members without access is 2052 and the total in the cities/zips is 1174 (shown in Table A above), which accounts for 57% of members without access within MTD standards.

Table B: Cities & Percentages – MTD Not Met



As shown in Table B, the sample assessment identified 5 cities where MTD is not met on the provider types with the highest number of members without access within MTD standards. The assessment indicated that Gilroy had the most members without access at 42%, followed by Morgan Hill at 41%, San Jose at 12%, San Martin at 5% and Coyote at 0% (3 members), all of which are situated in rural communities in the southeast area of Santa Clara County.

Following are the assessments conducted on each zip code within those five (5) cities where MTD standards were not met; all of which are within rural areas –

Morgan Hill – Zip Code 95037

Zip code 95037 in the city of Morgan Hill has a population of 44,686 (2019 US Census) and is situated on the southeast tip of Silicon Valley in a rural area. SCFHP has a total of 223 members that reside in Morgan Hill (Zip 95037). The assessment showed that MTD standards were not met for Family/General Practice, Cardiology, Ophthalmology, Hematology/Oncology and Clinical Social Worker.

Gilroy – Zip Code 95020

Zip code 95020 in the city of Gilroy has a population of 56,766 (2019 US Census) and is situated south of Morgan Hill on the southeast tip of Silicon Valley in a rural area. SCFHP has a total of 449 members that reside in Gilroy (Zip 95020). The assessment showed that MTD standards were not met for Family/General Practice, Ophthalmology, Hematology/Oncology, Marriage/Family Therapy and Clinical Social Worker.

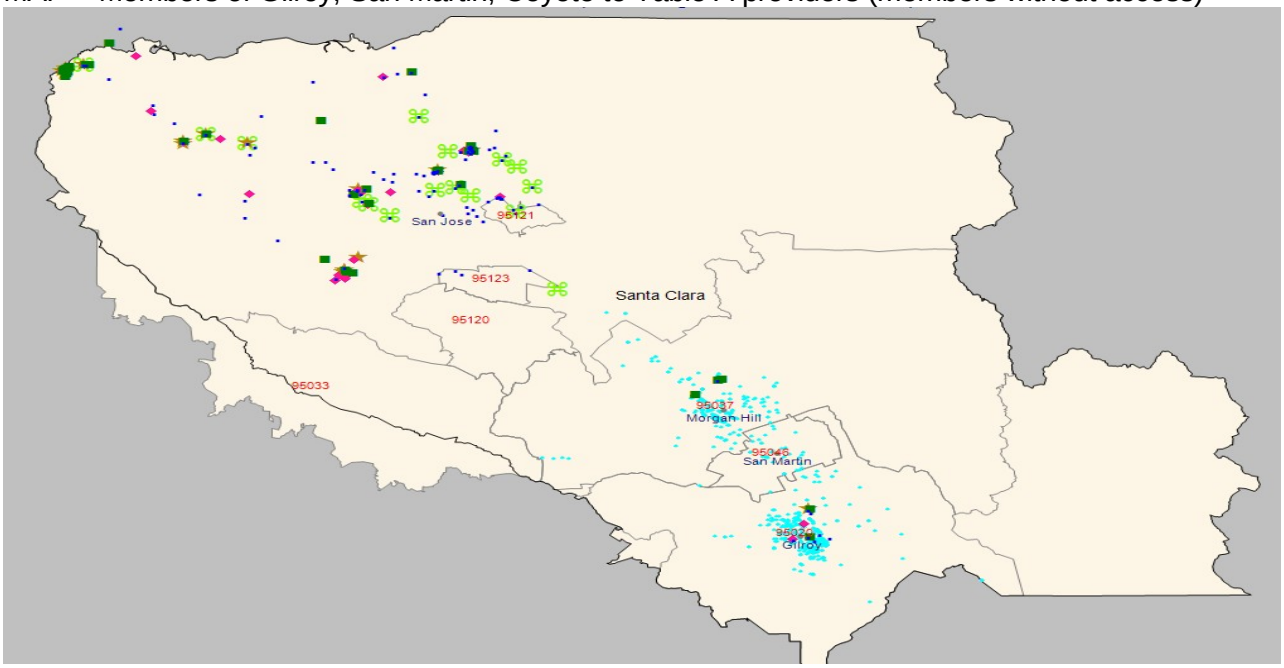
San Jose – Zip Codes 95119, 95120, 95135, 95138 and 95139

According to the 2010 US Census, the population totals in the city of San Jose (SJ) within the zip codes with the highest number of members without access are 95119 = 10,754, 95120 = 37,937, 95135 22,415, 95138 = 20,146 and 95139 = 7,108. The assessment showed that MTD standards were not met for Family/General Practice, Cardiology, Ophthalmology, and Hematology/Oncology.The SJ area for zip codes 92120, 95135 and 95139 are situated in the southeast area of SJ in a rural area. These areas of SJ are described as having a less than average population density compared to other parts of SJ.

San Martin – Zip Code 95046

Zip code 95046 in the city of San Martin has a population of 6,282 (2019 US Census) and is situated to the south of Morgan Hill and north of Gilroy in a rural area. SCFHP has a total of 40 members that reside in San Martin. The assessment showed that MTD standards were not met for Family/General Practice and Certified Social Worker.

MAP – Members of Gilroy, San Martin, Coyote to Table A providers (members without access)



Qualitative Analysis:

Overall the analysis revealed that SCFHP standards for provider availability are realistic for the communities and delivery system within Santa Clara County, and also supports a clinically safe environment.

The majority of SCFHP members dwell in an urban environment and a small fraction of members reside in rural communities. SCFHP recognizes that rural communities often face challenges maintaining an adequate provider network, making it difficult for Plans to meet maximum time and distance standards and/or provider to member ratios. SCFHP will continue to assess and monitor recruitment activities and contractual opportunities in the southeast area of Santa Clara County and other areas of the county as necessary to ensure CMC members have adequate access to health care providers.

When necessary, SCFHP will continue to re-direct members to out-of-network specialists and behavioral health providers to ensure timely access standards of care are met. SCFHP will also continue to provide transportation free of cost to its members.

SCFHP ensures access and availability to services in accordance with its availability policies & procedures, as well as maintaining and monitoring appropriate availability and access to network providers. Following the procedure to submit network tables through the HDS process, SCFHP received an ACC report, which identifies the providers that passed or failed to meet Medicare network standards. The ACC report for this reporting period showed that SCFHP providers passed Medicare network standards and that no deficiencies were identified.

The analysis showed that the percentage of SCFHP providers accepting new patients is more than sufficient to provide additional capacity for both new members and members who would like to change their primary care provider. Additionally, member requests for a PCP not accepting new patients are accommodated readily by SCFHP. The Plan also recognizes that the provider data reflects a snapshot in time and provider panels could change day by day. As a course of continued network adequacy oversight, the Plan will continue to adjust the network to meet the demands of the Plan's enrollment in real time.

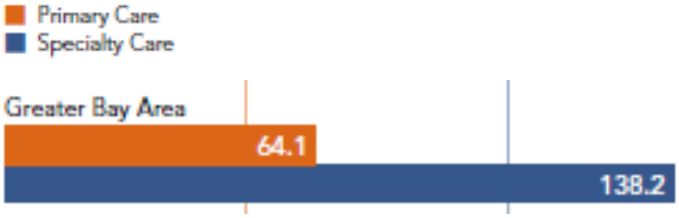
The analysis also demonstrates that members are not unduly burdened with travel time and distance to network providers. SCFHP time and distance metrics speak to the access requirements pertinent to the approximate locations of members, relative to the locations of network providers, and the assessment showed that more than 90% of members have access within time and distance standards across all provider types included in this report.

Where applicable, SCFHP implements interventions to address opportunities for improvement and measures the effectiveness of those interventions. Analysis results and related interventions are reviewed/approved by SCFHP's Quality Improvement Committee.

To ensure awareness of any major demographic trends that may drive an increase in demand for health care in California (specifically in Santa Clara County), SCFHP reviewed the CA Physician Supply (2018) study that was conducted by the Medical Board of California. The study showed that the state's total population is projected to increase by 6.4 million people between 2015 and 2035, and the population age 65 or older is projected to increase by 4.9 million. With an aging population, patient health needs will likely increase in complexity and severity. The authors of the study believe that to anticipate the state's ability to respond to these demographic trends, California policymakers need to understand the current supply of active physicians, the number providing patient care, and how they are distributed across the state.The study also showed that the distribution of physicians varied by county. The supply of primary care physicians per 100,000 people ranged from a low of zero (0) in Alpine County to a high of 113 in Napa

County. Similarly, the supply of specialty physicians per 100,000 people ranged from a low of 0 in Alpine County and Sierra County to a high of 234 in Napa County. Several counties had no or few physicians in specific specialties, including geriatric medicine, endocrinology, psychiatry, pulmonary care, and rheumatology. Not having any physicians in a specialty in a county poses a barrier to access, especially in California, where many counties cover large geographic areas. **Figure 5** below represents the Greater Bay Area region, which is within SCFHP's service area in Santa Clara County which shows the number of Physicians between 100,000 residents PC vs SPC

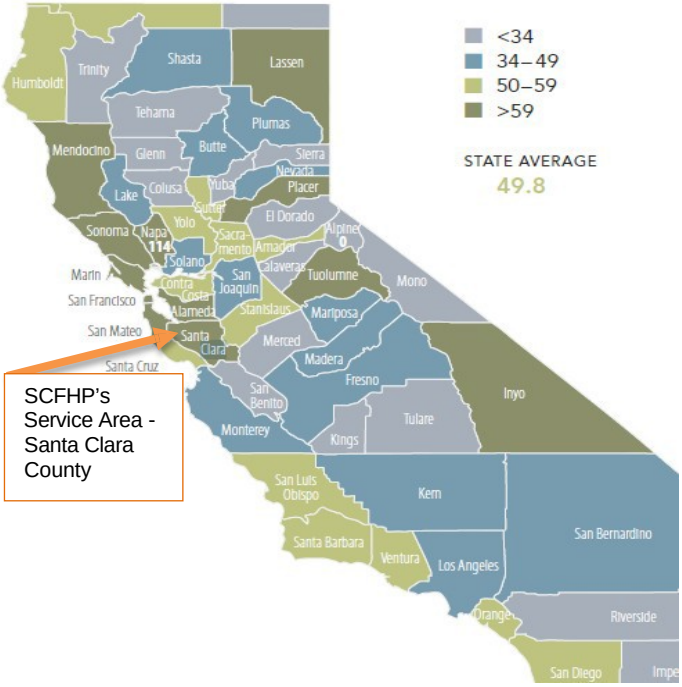
Figure 5. Physicians per 100,000 Residents by Region PCP vs SPC



The Greater Bay Area ranked the highest in number of Primary Care Providers and Specialty Care. For example, the lowest number for PCP was 34.5 and SPC was 64.3

Figure 6 below represents CA counties PCP count per 100,000 residents and it appears that SCFHP's service area in Santa Clara County is among the counties with a higher PCP count per 100,000 residents.

Figure 6: PCP per 100,000 Residents by County



Another area of concern expressed in the study were findings on the number of active Physicians that are over the age of 60. There was a figure that showed the age of active physicians by region and following is a breakdown from the study on physician ages in the Greater Bay Area which is within SCFHP's service area in Santa Clara County:

As noted in the study, with the general population, the population of physicians is aging, and older physicians will likely continue to scale back on patient care activities, and although the future of health insurance coverage remains unclear, coverage does not confer access without a health care workforce to provide care.

While SCFHP found that Santa Clara County is one of the least compromised compared to other counties within CA, the Plan will continue to assess the supply of physicians in California, specifically in its service area to ensure awareness of growth in the Santa Clara County area and the demands for medical care due to population growth and aging. Following are some of the recommendations outlined in the study that may potentially bolster the number of physicians and to extend their services:

- Increase funding
  - To expand undergraduate medical education (i.e., medical school), particularly in underserved areas.
  - To expand graduate medical education (i.e., residency and fellowship programs), particularly in specialties with projected shortages.
  - For financial incentives to encourage both primary care and specialty physicians to practice in underserved areas.
  - Support opportunities for international medical graduates to practice in underserved areas of the state.
- Increase investments in programs that address diversity of the physician workforce.
- Invest in technologies that can maximize scarce physician resources, especially for rural areas.
- Provide training, support, and incentives for team-based care.

Conclusion:
Santa Clara Family Health Plan is able to demonstrate its ability to meet performance goals relevant to provider to member ratios and maximum time and distance across all in network primary care providers, high volume/impact specialists, and behavioral health providers.

SCFHP is committed to ensure its members have access to timely, efficient and patient-centered quality health care. SCFHP efforts to contract with available providers within Santa Clara County, especially in the southeast area of rural communities is an on-going effort across all provider types.

Opportunity	Intervention	Date Initiated
* Recruit new providers when available, Telehealth groups, and recruit new providers in surrounding counties to aid in filling gaps	* Monitor availability of new providers and conduct outreach efforts when providers become available.	Ongoing

Santa Clara Family Health Plan™

HEDIS MY 2020 Results

Quality Improvement

Agenda

- Challenges
- Achievements
- MCAL: Auto Assignment Measures
- CMC: Quality Withhold Measures
- Action Taken

Santa Clara Family Health Plan

HEDIS Reporting

Challenges

- Limited staff at provider offices
- Limited remote Electronic Medical Record (EMR) access
- Provider offices/sites slow to respond to medical record requests sometimes receive no response

Santa Clara Family Health Plan

HEDIS Reporting

Achievements

- Pushed following measures to desired percentile:
  - Postpartum Care (PPC-Post)
  - BMI Percentile for Children/Adolescents 3-17 years (WCC-BMI)
- In collaboration with medical record retrieval vendor achieved a retrieval rate of 95%
- Reviewed and overread over 7k charts
- Utilized all in house medical records (i.e. QNXT, Risk-Adjustment, MedImpact)
- Achieved HEDIS medical record review milestones ahead of scheduled timeline

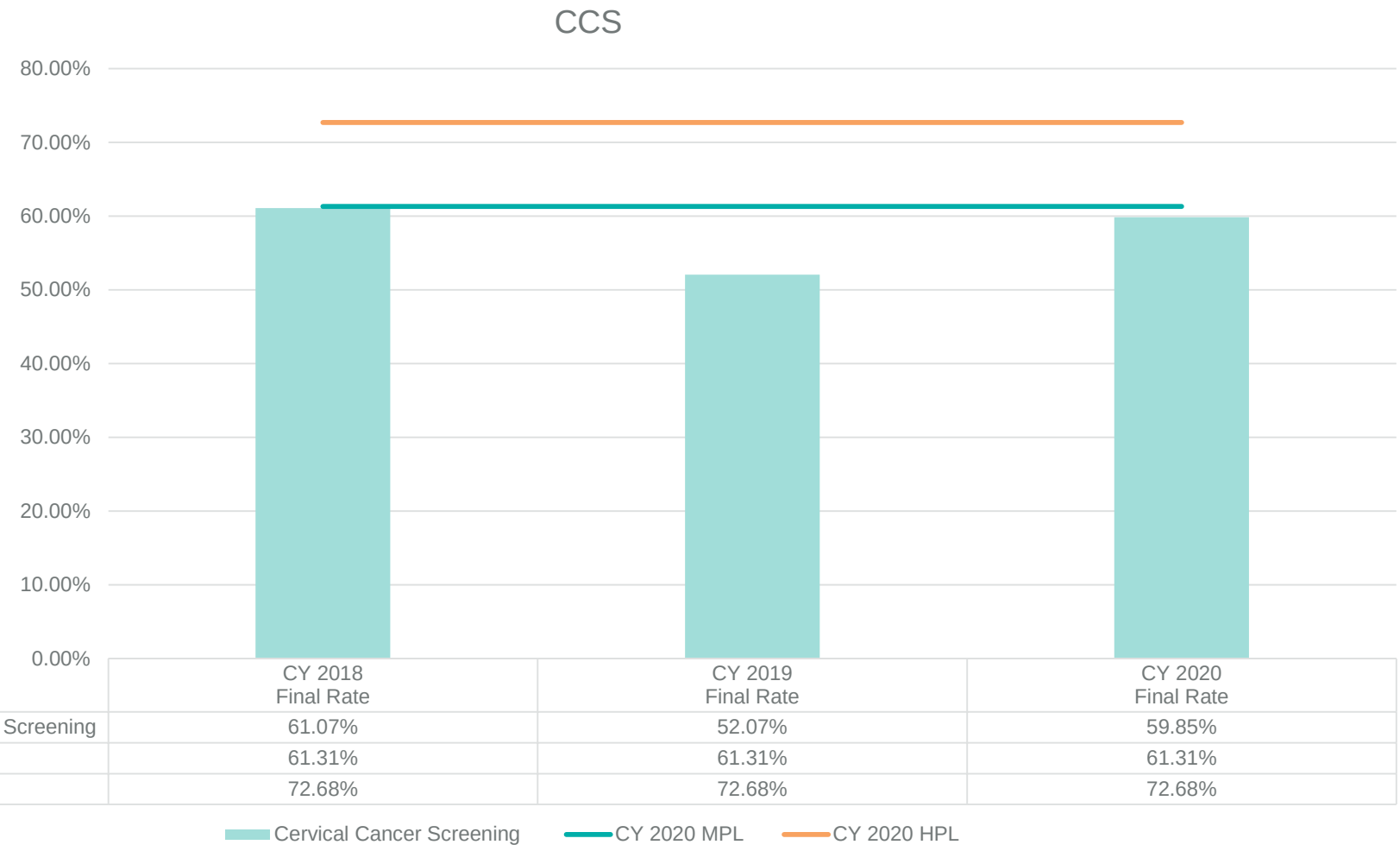
Medi-Cal MCAS Measures CY 2020

Santa Clara Family Health Plan

Measure	Measure Description	HEDIS CY 2018 Final Rate	HEDIS CY 2019 Final Rate	HEDIS CY 2020 Final Rate	Current Percentile	CY 2020 MPL
WCC	BMI Percentile	Did not report	89.29	80.54	50th	80.50
WCC	Counseling for Nutrition	72.75	N/A	74.21*	50th	71.55
WCC	Counseling for Physical Activity	65.94	N/A	72.26*	50th	66.79
CIS	Combination 10	Did not report	66.91	57.97	95th	37.47
IMA	Combination 2	48.91	46.72	43.31	75th	36.86
CBP	**Controlling High Blood Pressure**	56.93	62.04	57.42	25th	61.80
CCS	**Cervical Cancer Screening**	61.07	52.07	59.85	25th	61.31
CDC [1]	HbA1c Poor Control (>9%)	43.31	31.87	34.31	50th	37.47
PPC	**Timeliness of Prenatal Care**	86.86	93.19	92.70	50th	89.05
PPC	Postpartum Care	71.78	85.16	84.67	90th	76.40
AMR	Asthma Medication Ratio	64.87	62.31	64.25	50th	62.43
BCS	Breast Cancer Screening	64.21	66.72	59.78	50th	58.82
CHL	Chlamydia Screening	Did not report	59.19	57.43	25th	58.44
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Did not report	N/A	74.08*	5th	82.09
APM	Metabolic Monitoring for Children and Adolescents	Did not report	N/A	45.15*	75th	35.43
AMM	Acute Phase Treatment	Did not report	63.57	64.15	75th	53.57
AMM	Continuation Phase Treatment	Did not report	49.87	50.40	90th	38.18

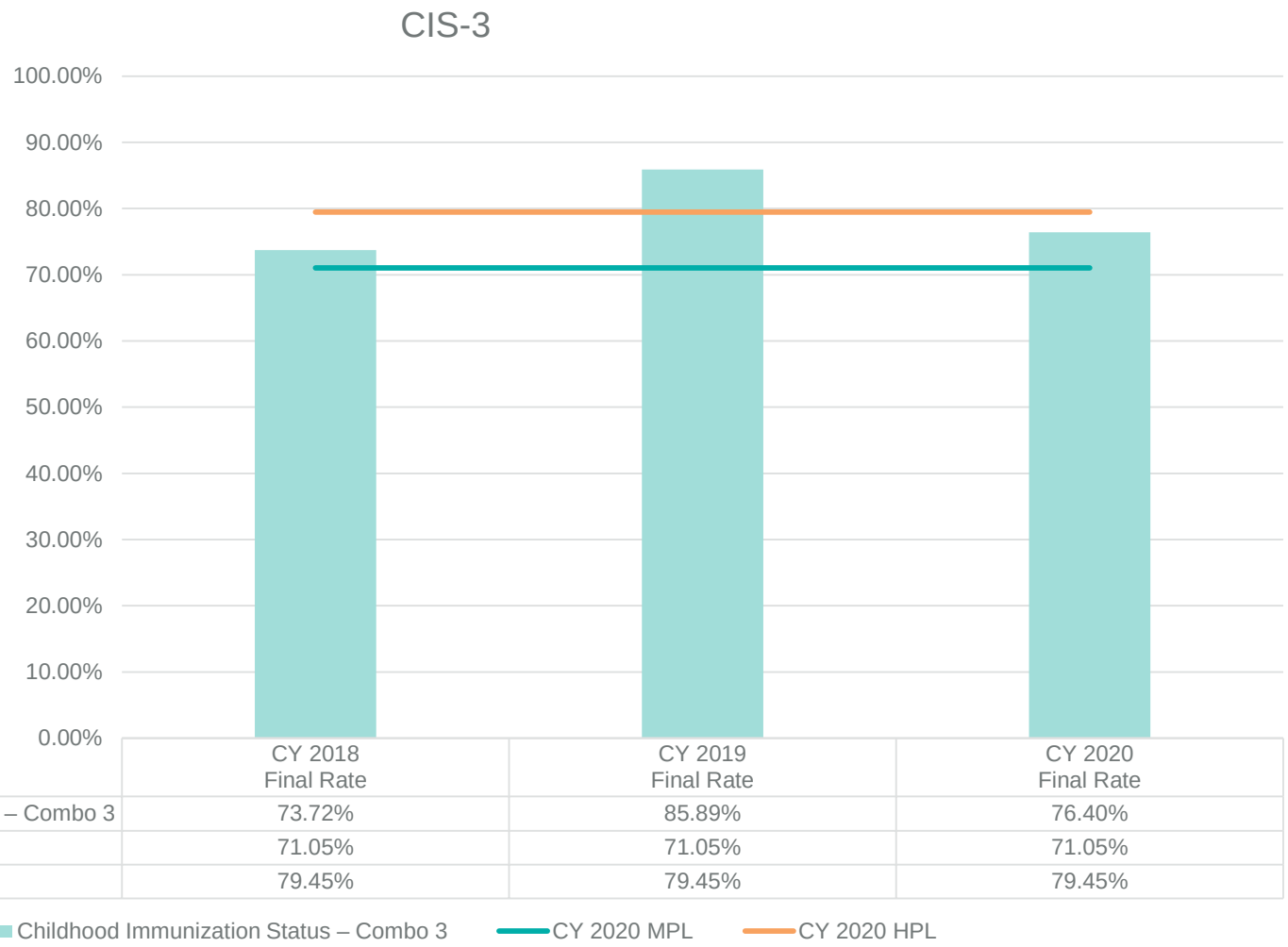
* New reporting measure for CY20
[1] Reverse measure, lower is better
MPL - Minimum Performance Level 50th percentile
BOLD – Quality Withhold Measure

MC Auto-Assignment – Cervical Cancer Screening (CCS)



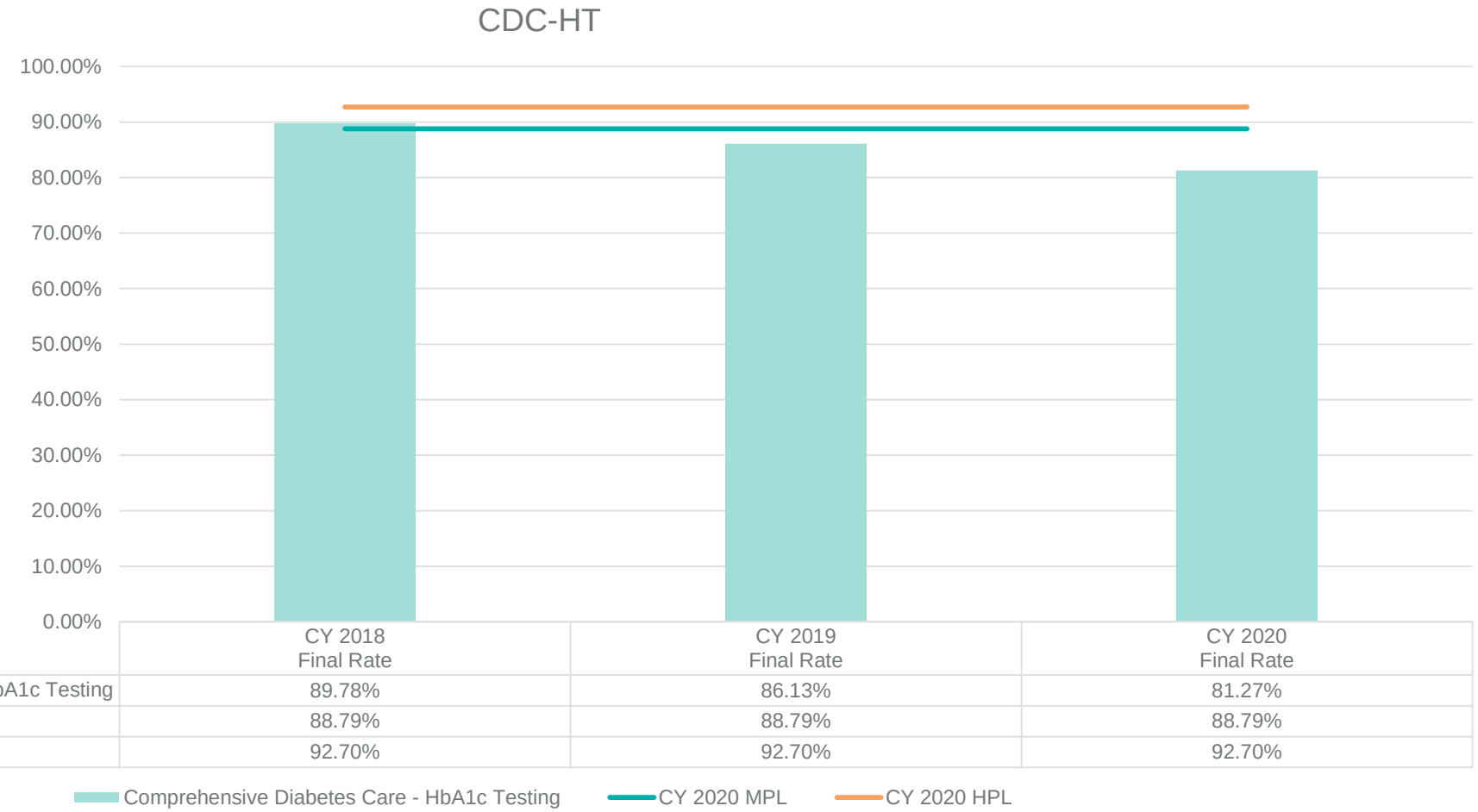
	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Cervical Cancer Screening	61.07%	52.07%	59.85%
CY 2020 MPL	61.31%	61.31%	61.31%
CY 2020 HPL	72.68%	72.68%	72.68%

MC Auto-Assignment – Childhood Immunization Status – Combo 3 (CIS-3)



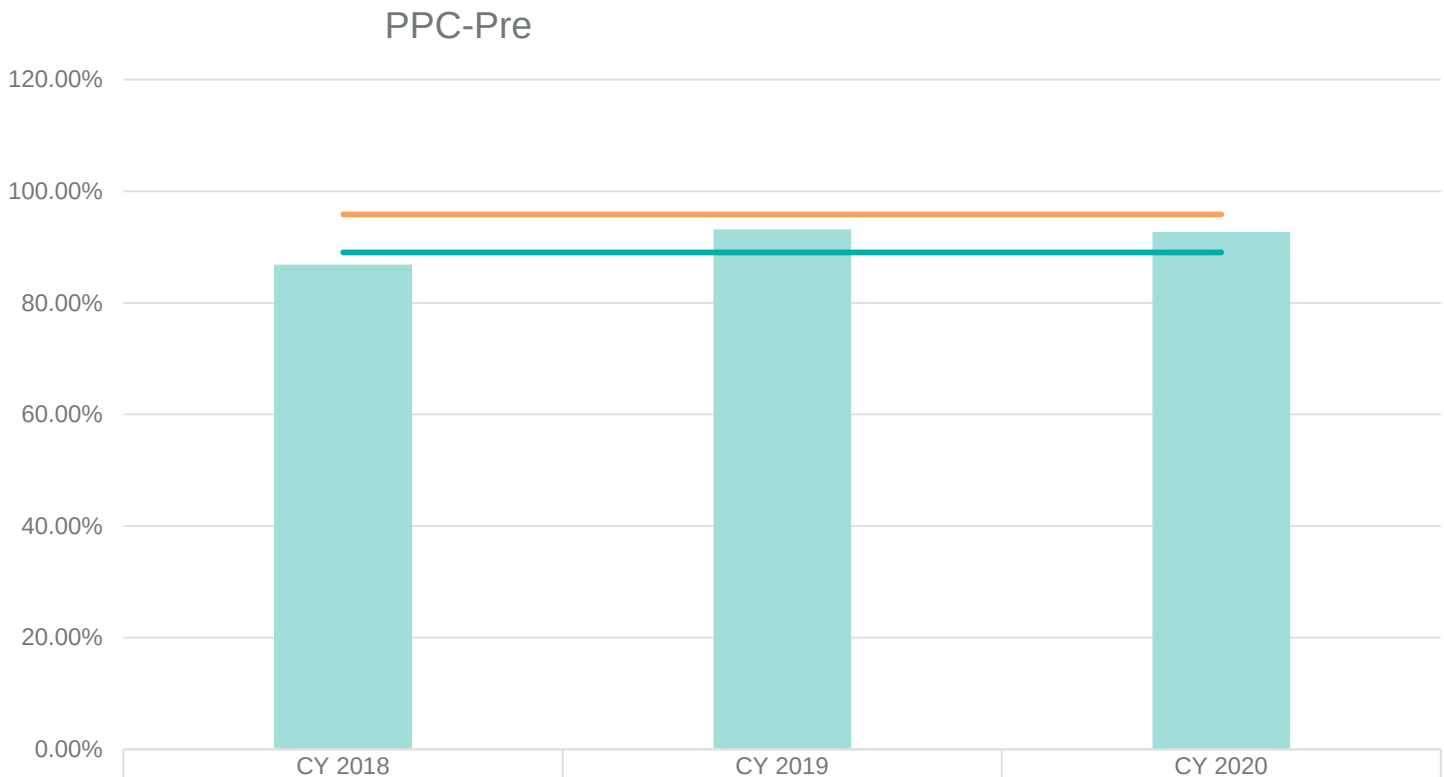
	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Childhood Immunization Status – Combo 3	73.72%	85.89%	76.40%
CY 2020 MPL	71.05%	71.05%	71.05%
CY 2020 HPL	79.45%	79.45%	79.45%

MC Auto-Assignment – HbA1c Testing (CDC-HT)



	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Comprehensive Diabetes Care - HbA1c Testing	89.78%	86.13%	81.27%
CY 2020 MPL	88.79%	88.79%	88.79%
CY 2020 HPL	92.70%	92.70%	92.70%

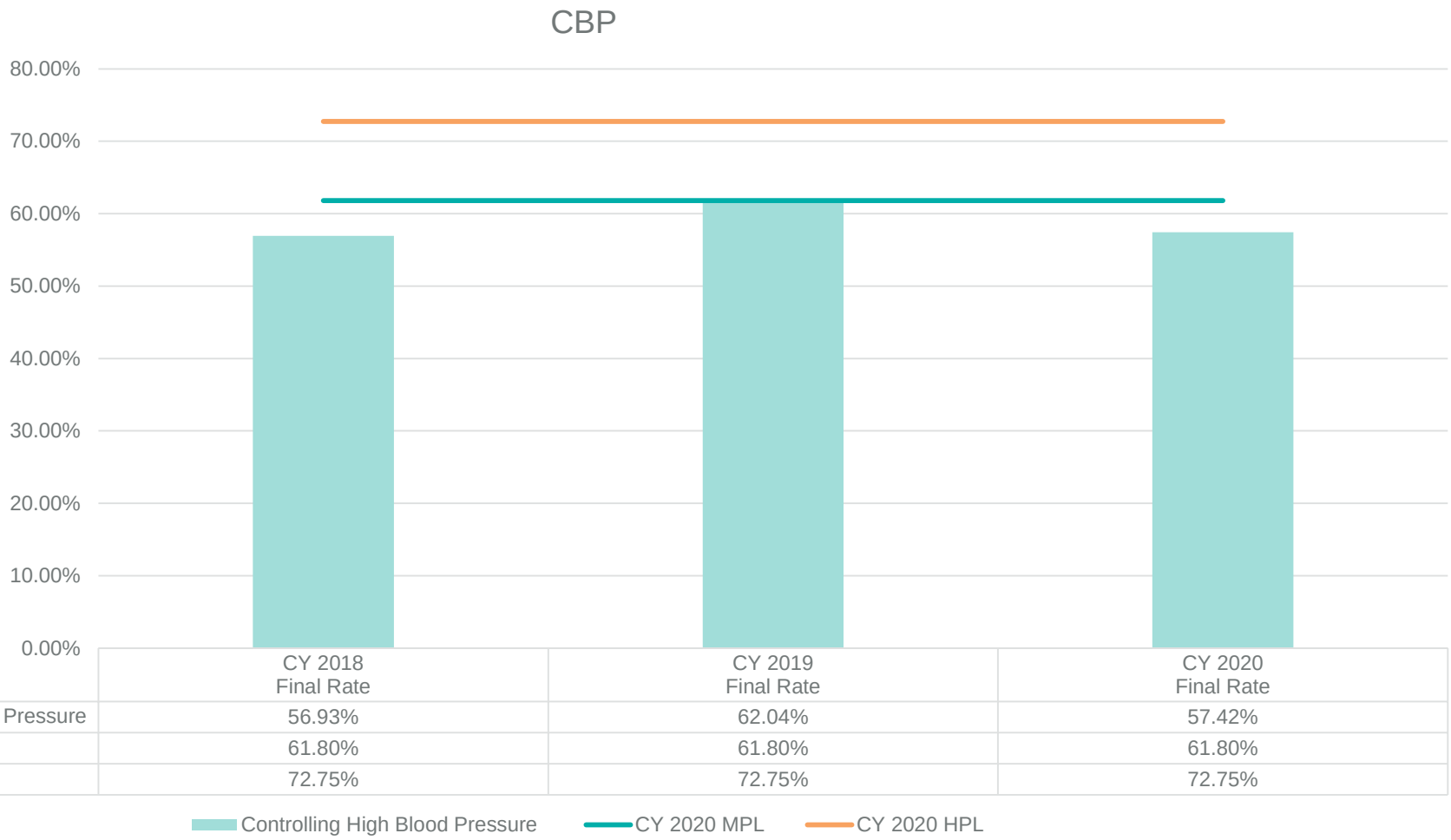
MC Auto-Assignment – Timeliness of Prenatal Care (PPC-Pre)



	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Prenatal & Postpartum Care - Timeliness of Prenatal Care	86.86%	93.19%	92.70%
CY 2020 MPL	89.05%	89.05%	89.05%
CY 2020 HPL	95.86%	95.86%	95.86%

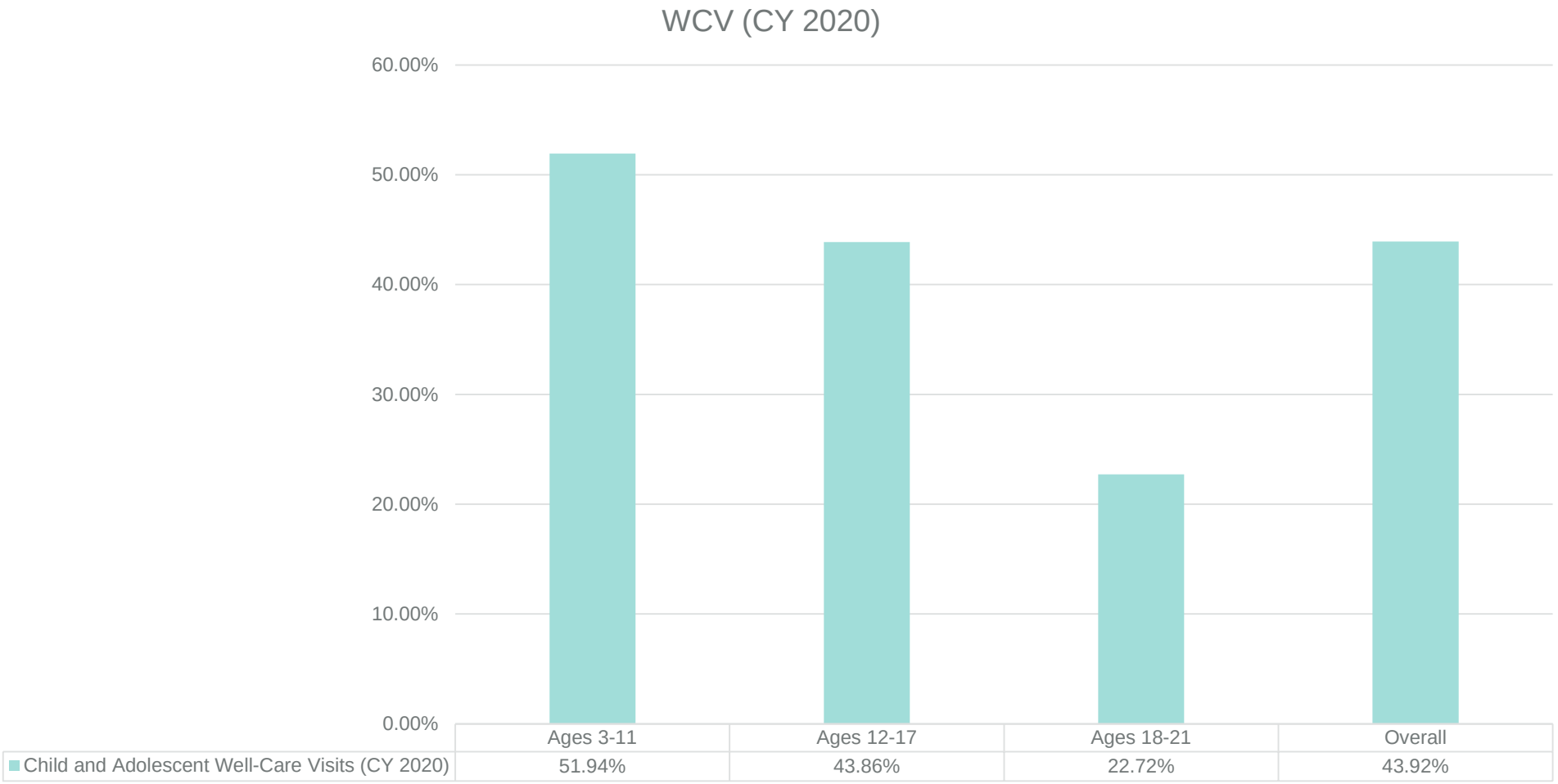
Prenatal & Postpartum Care - Timeliness of Prenatal Care CY 2020 MPL CY 2020 HPL

MC Auto-Assignment / MCAS Below MPL – Controlling High Blood Pressure (CBP)

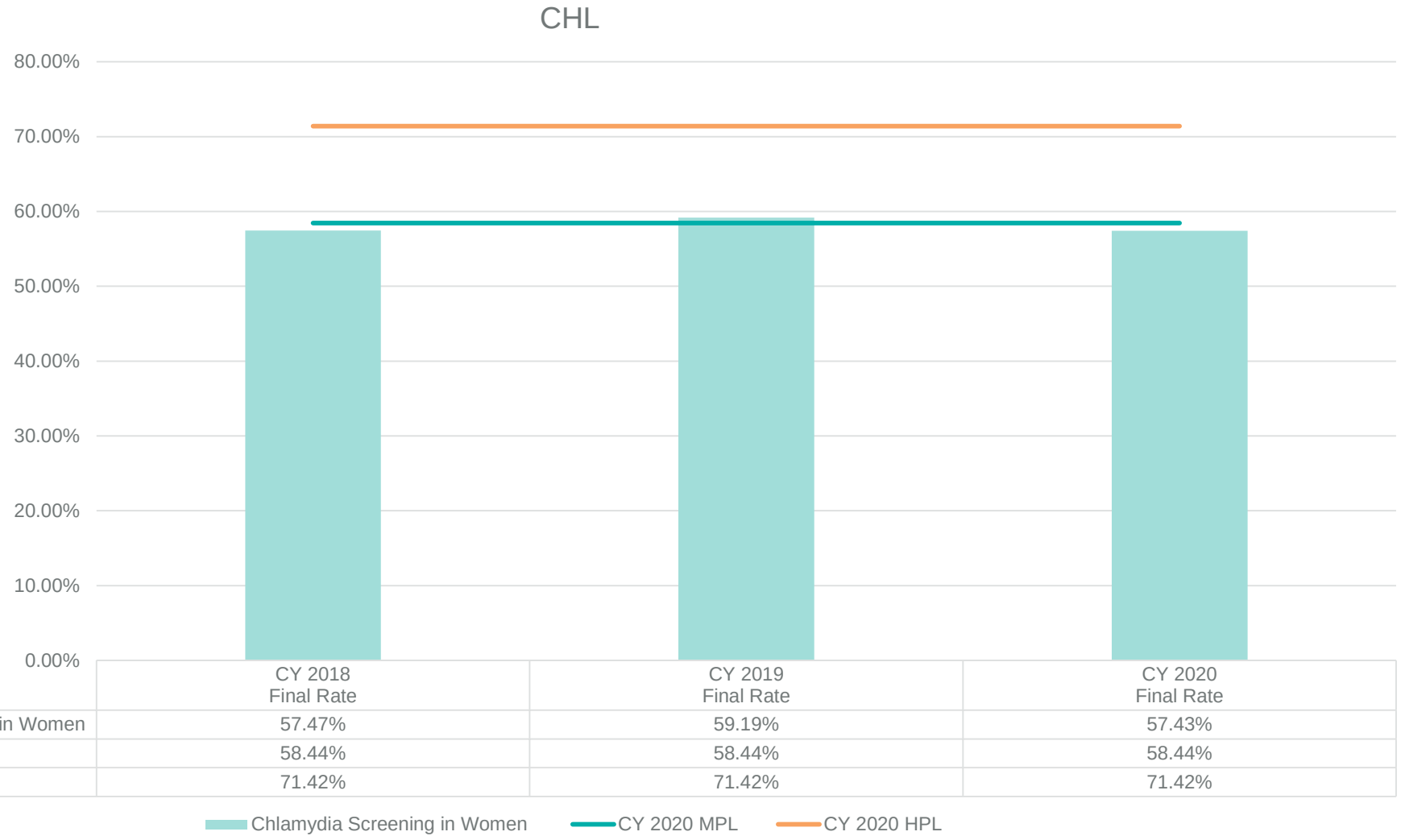


	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Controlling High Blood Pressure	56.93%	62.04%	57.42%
CY 2020 MPL	61.80%	61.80%	61.80%
CY 2020 HPL	72.75%	72.75%	72.75%

MCAS Below MPL –
Child and Adolescent Well-Care Visits (WCV)



MCAS Below MPL – Chlamydia Screening in Women (CHL)



	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Chlamydia Screening in Women	57.47%	59.19%	57.43%
CY 2020 MPL	58.44%	58.44%	58.44%
CY 2020 HPL	71.42%	71.42%	71.42%

Santa Clara Family Health Plan

Medi-Cal MCAS* Performance Trend

Point Value	Percentile	Measures Held to Minimum Performance Level (MPL)			
		CY 2017	CY 2018	CY 2019	CY 2020
4	≥ 90th	1	1	5	3
3	75th	7	3	5	3
2	50th	11	11	4	7
1	25th	1	4	3	3
0	< 25th	1	0	1	1
Total Measures		21	19	18	17
Average Point Value		2.29	2.05	2.56	2.24

*MCAS = Managed Care Accountability Set

Medicare Star Rating HEDIS Measures CY 2020

Santa Clara Family Health Plan

Measure	Measure Description	HEDIS CY 2018 Final Rate	HEDIS CY 2019 Final Rate	HEDIS CY 2020 Final Rate	CY 2020 Projected CMS Star Score*
COA	Care for Older Adults: Medication Review	71.78	89.78	84.67	3
COA	Functional Status Assessment	56.20	57.91	43.07	1
COA	Pain Assessment	70.07	88.32	82.97	3
COL	Colorectal Cancer Screening	62.04	64.72	60.34	2
CBP	Controlling High Blood Pressure	63.50	63.26	60.10	-
CDC[1]	HbA1c Poor Control (>9%)	29.93	25.55	28.71	3
CDC	Eye Exam	77.86	79.81	77.13	4
CDC	Attention for Nephropathy	91.73	92.46	88.32	3
TRC	Transitions of Care: Medication Reconciliation	45.74	65.94	54.99	2
OMW	Osteoporosis Management in Women Who Had a Fracture	33.33	30.00	42.86	3
BCS	Breast Cancer Screening	65.63	68.81	65.01	2
SPC	Statin Therapy for Patients With Cardiovascular Disease - Statin Therapy	83.23	91.62	83.19	4

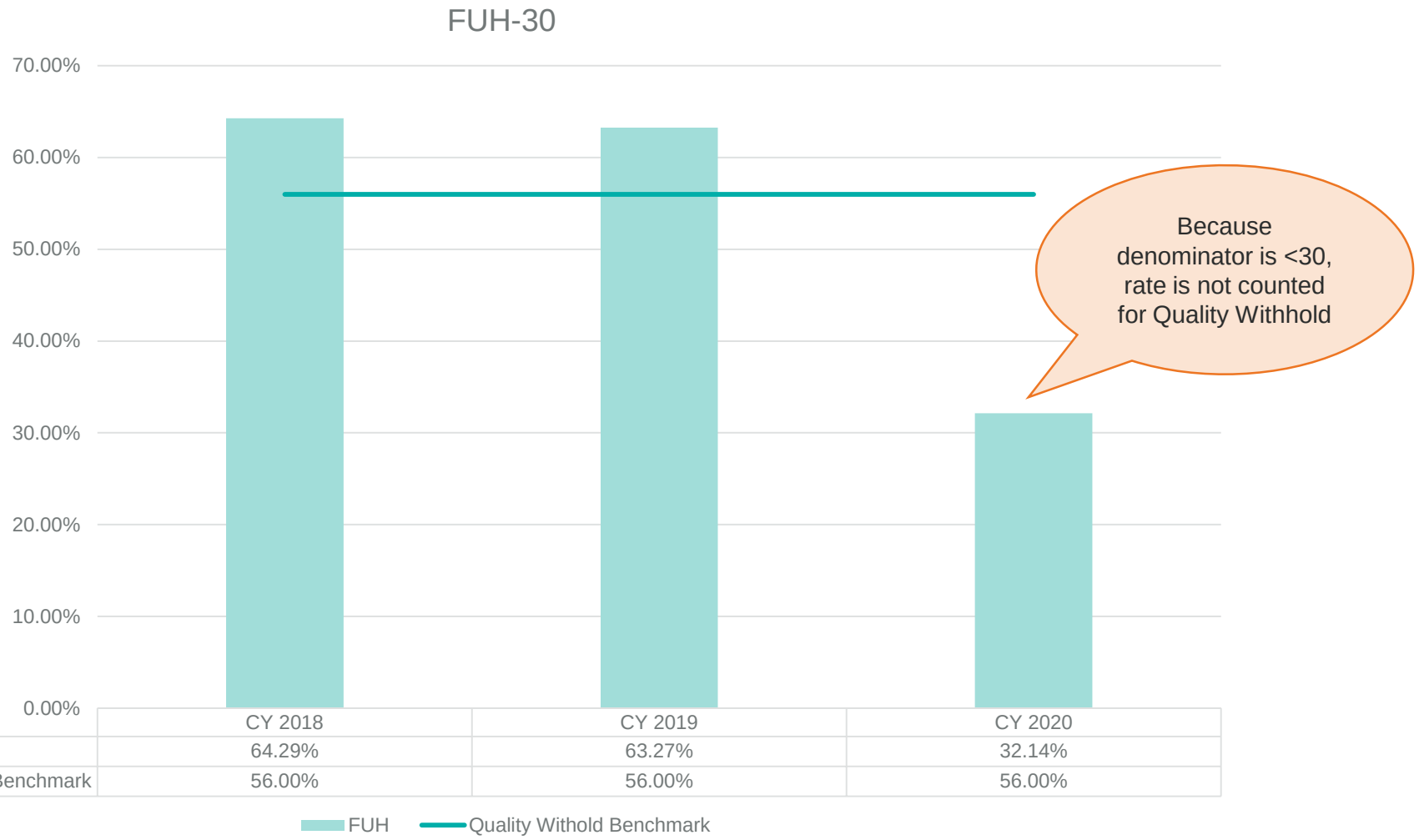
[1] Reverse measure, lower is better
* Based on previous year cut points
Note: Measures highlighted in red are those with a projected CMS star score of 1 or 2

CMC Quality Withhold Measure – Controlling Blood Pressure (CBP)

	CY 2018	CY 2019	CY 2020
CBP	63.50%	63.26%	59.85%
Quality Withold Benchmark	56.00%	56.00%	56.00%

CMC Quality Withhold Measure – Plan All Cause Readmissions (PCR)

CMC Quality Withhold Measure – Follow up After Hospitalization for Mental Illness – 30 day follow up (FUH-30)



	CY 2018	CY 2019	CY 2020
FUH	64.29%	63.27%	32.14%
Quality Withold Benchmark	56.00%	56.00%	56.00%

Current Interventions

Member

- Newsletter Article
- Incentive Mailing
- Gaps in Care Inbound Reminder
- On-hold Messaging
- Outreach Calls by bilingual staff

Provider

- Fax memo
- Provider E-News
- Provider Performance Program
  - Gaps in Care Lists in the Provider Portal
  - Report Cards in the Provider Portal

Santa Clara Family Health Plan

Action Items

Additional Interventions for groups with greater gaps

Network

- Targeted Provider Education to all networks that perform below the MPL
  - Coding best practice
  - Supplemental data submission
  - Member health education
  - Member and provider incentives available
- Collaboration on interventions

Ethnicity, Language Spoken & Age

- Targeted Member Phone Outreach by bilingual staff to groups that perform below MPL to offer health education classes/materials and increase awareness of member incentives
- Conduct interviews and best practices literature search to determine further root causes
- HEDIS medical record review to identify root causes for member noncompliance

Questions?

SCFHP Personalized Information on Health Plan Services:

2021 E-mail Response Evaluation

Prepared by: Tanya Nguyen, Director of Customer Service
For review and approval by the Quality Improvement Committee (QIC) on August 11,2021

I. Overview

Providing accurate and timely personalized information of member health plan services is central to the promotion of member engagement and self-management. SCFHP has a responsibility to provide accurate, quality information on health plan services to members through the website, over the telephone, and through e-mail.

In an effort to make this information readily available, SCFHP ensures that members can contact the organization through e-mail for any reason and receive responses within one-business day.

Personal information on health plan services may change periodically throughout the year; therefore, SCFHP has an obligation to be sure the information submitted via e-mail to members is accurate, current and timely. This is accomplished by measuring and evaluating the quality and timeliness of the information. SCFHP audits e-mail response quarterly to identify any opportunities to improve interactions with the members.

II. Methodology: E-mail

Member and member's authorized representative may submit e-mail inquiries by sending them to CallCenterManagement@scfhp.com. This is the only method in which members can communicate to the plan via e-mails. E-mail inquiries come directly to Customer Services email (Outlook) inbox. A dedicated staff member in Customer Service checks the e-mail inbox intermittently throughout each business day. The staff member will respond to the sender's inquiry with a thorough response within one business day via Outlook. The Call Center collects and documents the contact in the QNXT Call Tracking System using the appropriate contact code. The documentations will include the content of the e-mail inquiry and the response provided to the sender.

SCFHP audits the turnaround time and quality of the email response on a quarterly basis to be able to identify opportunities to improve based on data collected and analyzed. Data included in this analysis was captured from July 1, 2020 through June 30, 2021. Both the Training & Quality Manager and Training & Quality Specialist generate the data collection on all of the e-mails received from members and member's authorized representatives. Since the volume of e-mails received was not large, all of the emails received were selected for review. Each of the e-mail samples are carefully reviewed and evaluated and results are entered on a scorecard. The result of these data are then submitted to the Customer Service Manager and Director at the end of the review period to conduct the annual analysis.

Factor 1: Email Turnaround-Time

- Numerator: Number of emails with goals met from Q3-2020 through Q2-2021

- Denominator: Total number of emails received from Q3-2020 through Q2-2021
- Goal: 100% of emails are collected and responded to within one business day

Factor 2: Response's Quality and Comprehensiveness

- Numerator: Number of emails with goals met from Q3-2020 through Q2-2021
- Denominator: Total number of emails received from Q3-2020 through Q2-2021
- Goal: 100% of emails comprehensively address the member's request with one business day.

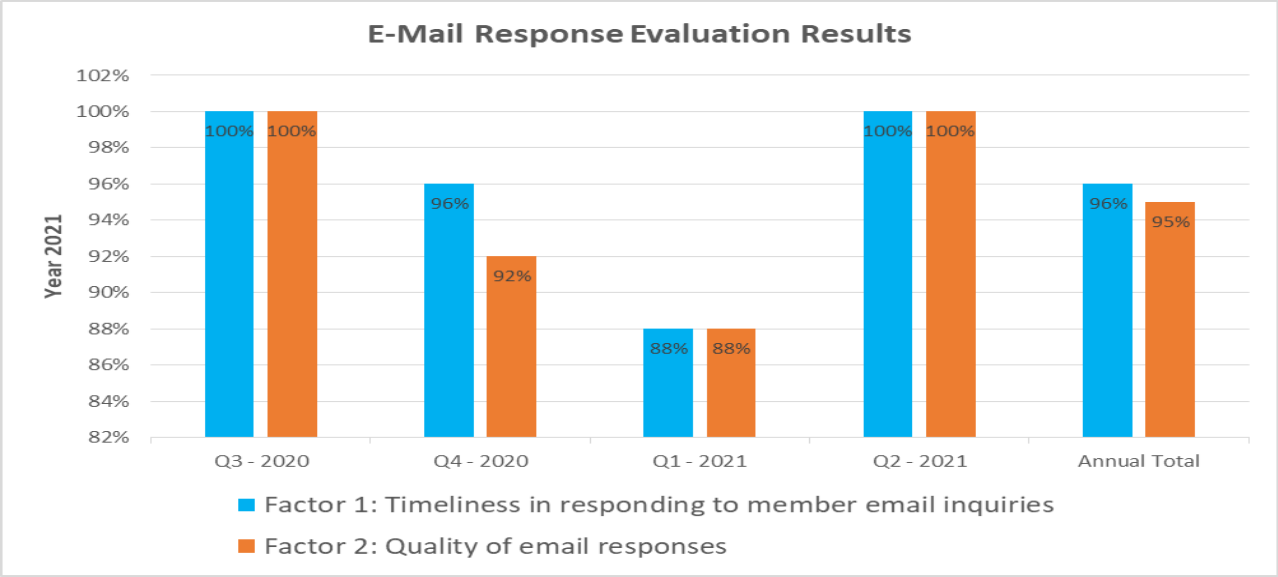
III. Analysis

A. Results

Table 1: Score Card for Timeliness and Quality of E-mail Responses

Element D: Email Response Evaluation					
QUARTERS	Q3 -2020	Q4 -2020	Q1 -2021	Q2 -2021	Total
TOTAL SAMPLES PER QUARTER	28	25	25	17	95
GOAL	100%	100%	100%	100%	100%
	TOTAL SAMPLES THAT MET GOALS FOR EACH FACTOR				
Factor 1: Timeliness in responding to member email inquiries					
1. The response was sent to member within one-business day	28	24	22	17	91
	100%	96%	88%	100%	96%
Factor 2: Quality of email responses					
1. The action taken & response provided comprehensively addresses the member request	28	23	22	17	90
	100%	92%	88%	100%	95%
2. If the e-mail inquiry requires additional time for research, an acknowledgment sent to the member indicating further investigation is required and a follow-up was provided to the member	NA	NA	NA	NA	N/A

Table 2: Results for Timeliness and Quality of E-mail Responses Year 2021



B. Quantitative Analysis

The volume of e-mail inquiry received from members and member's authorized representatives for the CalMediConnect line of business has increased over fifty percent compared to the previous year. The increase in volume may be the result of members who have been with the Plan for many years and have gained comfort in communicating via e-mails. We also noticed the high number of e-mails received from member's authorized representative. This population may have preference in using their electronic device to communicate verses calling via the telephone. Ninety-five (95) emails were received from Q3-2020 thru Q2-2021, compared to thirty-six e-mails received in 2019-2020. Out of 95 emails, 91 of them met goals which left our annual result at 96% for e-mail response timeliness and 90 emails met set goals in the area of quality which resulted at 95%. The deficiencies in both areas occurred during Q4-2020 and Q1-2021. During the review period, there were no e-mail requests that require additional time for research; therefore, item two under factor 2 were non-applicable.

C. Qualitative Analysis

The Customer Service Manager and Director reviewed and compiled all audit results.
There were no changes to the Member E-Mail Communication Policies and Procedures during the look-back period. The same criteria were used to analyze the quality of the e-mails received. When compared with last year's outcome, we found improvements overall. All of the deficiencies that

were identified from the previous year no longer occur except for one. The areas of improvements included the following: member e-mails were sent to the appropriate e-mail distribution group, the code used to track these e-mails were properly categorized in the database, and the member e-mail inquiries were no longer summarized. The barrier that recurred during this audit period is listed below:

- Delay in responding to member's emails
- The responses provided to the senders were not consistently documented in the database call tracking system

During the measurement period, SCFHP reported fluctuations between quarter 4-2020 and quarter 1-2021. This was due to an oversight of new hired staff.

Findings and recommendations are reported to the cross-functional Quality Improvement Committee (QIC), which includes representatives from Customer Services, Quality Improvement, Provider Network, Regulatory Compliance, and Behavioral Health.

SCFHP recognizes that its members have become more comfortable to communicate via emails, based on the annual analysis and barriers identified, the Customer Service Department has proposed the following interventions, to ensure timely, adequate, and quality responses to all inquiries.

D. 2021 Barrier and Opportunity Analysis Table

Barriers	Opportunities	Intervention	Selected for 2021	Date Initiated
1.Delay in responding to members' emails	All member emails need to be responded by the next business day	• A refresher training on the E-mail Communication Policies & Procedures was provided to the dedicated staff members • Developed a distribution list inbox for member e-mails that a can track and all incoming e-mails and responses provided	x	7/15/21
2. The Email response provided to the sender was not consistently documented in the call tracking system	All member E-mail communications should be saved in a centralized Call Tracking System	• A refresher training on the E-mail Communication Policies & Procedures was provided to the dedicated staff members	x	7/15/21

Barriers	Opportunities	Intervention	Selected for 2021	Date Initiated
		• Developed a distribution list inbox for member e-mails that a can track and all incoming e-mails and responses provided		

E. Reporting

Approving Committee	Date of Approval	Recommendations
Quality Improvement Committee		

Santa Clara Family Health Plan
Personalized Information on Health Plan Services:
Website and Telephone Functionality - 2021
Accuracy and Quality Analysis

Prepared by: Tanya Nguyen, Director of Customer Service
For review and approval by the Quality Improvement Committee
August 11, 2021

I. Overview

In order to best serve our members, it is important for members to have the ability to easily obtain personalized health plan information.

Santa Clara Family Health Plan (SCFHP) has the responsibility to provide access to accurate, quality personalized health information via the SCFHP website and the telephone. This includes the ability to change primary care practitioners (PCPs), and to determine how and when to obtain referrals and/or authorizations for specific services. SCFHP members have no financial responsibility for covered medical services.

SCFHP ensures the availability of these information by two channels:

1) SCFHP Website – Members may submit PCP change requests via the SCFHP Website. The website also contains instructions for getting a referral and a lists of services that require an authorization. Instructions on how to obtain prior approvals are also provided.

2) Telephone – SCFHP Customer Service Representatives (CSRs) are trained to handle PCP change requests, and to address benefit inquiries related to referrals and/or authorizations. CSRs are able to educate members on how to obtain specific services and/or an authorization and to offer assistance to initiate an Organization Determination or prior authorization on behalf of the member.

SCFHP audits the PCP change functionality and benefit information on referrals and authorizations on an annually basis. SCFHP monitors the quality and accuracy of information provided to members via the telephone to identify any opportunities to improve the referral and authorization benefit interactions with the members.

II. Methodology: Via Website

Annually, SCFHP audits the PCP change functionality on the Health Plan website to ensure a desired result is produced for each PCP change request. The auditor tests the PCP Change functionality through the Health Plan website by pulling a report of all the PCP change requests received from members via the website. The auditor reviews each request to verify that each PCP change request are effectuated appropriately. The results are rolled up onto the annual evaluation and analysis. The audit took place in June of 2021.

In addition, SCFHP audits the accuracy and quality of information related to how and when to obtain referrals and authorization for specific services provided on the HP website. This is also done on an annual basis. Three (3) different test accounts are being used to “imitate” the member account. The audits are completed by three different plan representatives (CSR, Team Lead, Customer Service Manager). The auditor would use her assigned test account to navigate throughout the website to determine the quality and accuracy of the following: the information accurately reflect what services SCFHP would pay for and if there is any limits on the services, the link for the member handbook moves to the correct page, and detailed instructions are provided

on what chapter/section of the member handbook to refer to if there is a need to obtain referrals and authorizations for specific services (**Appendix A**). This audit also took place in June of 2021.

III. Data

Table 1: Functionality--- Website: Change Primary Care Provider

Evaluation Criteria	Total Sample	Goal	Goal Met	% Goal Met
Functional Ability to Change Primary Care Practitioner in one session				
	34	100%	34	100%

Table 2: Functionality--- Website: Determine how and when to obtain referrals and authorizations for specific services (Accuracy)

Evaluation Criteria for Accuracy	Year	Total Sample	Goal	Accuracy Goal Met	% Accuracy Goal Met
Information is accurately showing if a referral and/or authorization is required for specific service					
Information accurately reflect what services SCFHP would pay for and if there is any limits on the services	2021	3	100%	3	**100%**
The link for the member handbook moves to the correct page	2021	3	100%	3	**100%**

Table 3: Functionality--- Website: Determine how and when to obtain referrals and authorizations for specific services (Quality)

Evaluation Criteria for Quality	Year	Total Sample	Goal	Quality Goal Met	% Quality Goal Met
Information is legible, complete and allows the member to understand					
How and when to obtain a referral for a specific service	2021	3	100%	3	**100%**
How and when to obtain an authorization for a specific service	2021	3	100%	3	**100%**

Evaluation Criteria for Quality	Year	Total Sample	Goal	Quality Goal Met	% Quality Goal Met
Detailed instructions are provided on what chapter/section of the member handbook to refer to on how and when to obtain referrals and authorizations for specific services	2021	3	100%	3	**100%**

a. Quantitative Analysis

SCFHP evaluated the functional ability to change PCPs. The goal is to have this function 100% of the time. There was a total of 34 PCP change requests for the entire year and all of them were selected as samples for evaluation. This function was evaluated in June 2021 and found to be functioning as it should be, and therefore met the 100% set goal, which is similar to the outcome we received from last year's annual analysis.

For the quality and accuracy of information, SCFHP set a goal of 100% of the time that the website accurately reflected the UM requirements for obtaining authorizations and referrals. In June 2021, the auditor reviewed to ensure members can find the information on how and when to obtain referrals or authorization for services. The link for the member handbook was validated to ensure it moved to the correct page so that member can access information on what SCFHP would pay for and if there are limitations.

c. Qualitative Analysis

No barriers or opportunities were identified for the functionality of the websites since all established goals were met at 100%.

IV. Methodology: Telephone

Quarterly, SCFHP audits Customer Service telephone calls from members. To review the accuracy of the telephone calls of member requested information on determining how and when to obtain referrals and authorizations for specific services, the auditor (Quality Training Manager and the Quality & Training Specialist) randomly select ten(10) member contacts based on the selected call categories and call recording for each quarter. Another ten (10) calls were specifically selected to review the quality assessment on the prior authorization submission process. The auditor assesses the call to determine whether the members were able to obtain answers to their inquiries. To determine the quality and accuracy of member inquiries, the auditor reviews the CSR's call documentation for completeness, listen to call recording to see if the CSR was accurate

on informing the member whether or not a service requires a referral or a prior authorization. If a service does require a referral or an authorization, whether or not the CSR explain to the member on how to obtain one. If the service does require a prior authorization, was an organization determination offered and if the member requested to have one submitted, did CSR submit the request correctly, whether the turn-around time and the next steps were provided to the member. Data included in this analysis was captured from July 1, 2020 through June 30, 2021.

SCFHP members do not have any financial responsibility for covered services as long as they follow the plan's rules such as receiving services within the SCFHP network or contracted providers.

Accuracy of Personal Information on Health Plan Services on the telephone:

Measure 1: Did the CSR explain whether or not a service requires a referral and/or a prior authorization?
Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that CSRs explain whether or not a service requires a referral and/or a prior authorization
Denominator: Number of cases received from Q3-2020-Q2-2021
Goal: 100% of inquiries were responded accurately

Measure 2: The CSR accurately explains how the member can obtain an authorization or referral
Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that CSR accurately explains how the member can obtain an authorization or referral.
Denominator: Number of cases received from Q3-2020-Q2-2021
Goal: 100% of inquiries were responded accurately

Measure 3: The CSR provide a list of network provider to the member if the service does not require a prior authorization
Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that the CSR provide a list of network provider to the member if the service does not require a prior authorization
Denominator: Number of cases received from Q3-2020-Q2-2021
Goal: 100% of inquiries were responded with accuracy

Quality of Personal Information on Health Plan Services on the telephone:

Measure 1: Was the inquiry initiated by the member or member's representative
Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that the inquiry was initiated by the member or member's representative
Denominator: Number of cases received from Q3-2020-Q2-2021
Goal: 100% of callers were verified to ensure these are member and member's representative who initiated the request

Measure 2: CSR clearly explains whether or not the member needs prior authorization and/or verifies the status of the authorization if there is one on the member's file before obtaining the requested service
Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that the CSR clearly explains whether or not the member needs prior authorization and/or verifies the status of the authorization if there is one on the member's file before obtaining the requested service
Denominator: Number of cases received from Q3-2020-Q2-2021
Goal: 100% of inquiries were explained fully verifies the status of the authorization if there is one on the member's file before obtaining the requested service

Measure 3: Did the CSR clearly explain the options for members to submit a prior authorization request? If member agreed to initiate with CSR, did the CSR follow the standard operating procedures to initiate the process?
Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that the CSR clearly explain the options for members to submit a prior authorization request and if member agreed to initiate with CSR, the CSR follow the standard operating procedures to initiate the process
Denominator: Number of cases received from Q3-2020-Q2-2021
Goal: 100% of inquiries were explained fully and carried out the prior authorization process.

Measure 4: If a prior authorization was submitted, did the CSR fully explain the next step and turn-round time to the member?
Numerator: Number of cases that were audited from Q3-2020-Q2-2021 which the CSR fully explain the next step and turn-round time to the member after submitting the prior authorization request
Denominator: Number of cases received from Q3-2020-Q2-2021
Goal: 100% of inquiries were explained fully that CSR fully explain the next step and turn-round time to the member

V. Analysis

a. Results

Table 3: Accuracy of Personal Information on Health Plan Services on the telephone:

Element B: Functionality—Telephone (ACCURACY)																	
QUARTERS	**Q3-2020**				**Q4-2020**				**Q1-2021**				**Q2-2021**				**Annual Total**
TOTAL SAMPLES PER QUARTER	**30**				**30**				**30**				**30**				**120**
GOAL	**100%**				**100%**				**100%**				**100%**				**100%**
Factor 1: Referrals and authorizations	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**Annual Total Average**
1.Did the CSR explain whether or not a service requires a referral and/or a prior authorization?	30	0	0	100%	30	0	0	100%	30	0	0	100%	30	0	0	100%	**100%**
2.The CSR was accurate in responding to the member about whether or not a medical service requires a prior authorization	30	0	0	100%	30	0	0	100%	30	0	0	100%	30	0	0	100%	**100%**
3. If a service does not require a prior authorization, did the CSR provide a list of network provider to the member?	1	0	29	100%	4	0	26	100%	4	0	26	100%	N/A	N/A	30	N/A	**100%**
Factor 2: Benefit and financial responsibility (NA- our members do not have financial liability.)																	

Factor 1 measure 3 * These cases were an N/A as a result of the members calling to verify if a prior authorization was required for a service, and they already have the provider in mind therefore; the CSRs did not have the need to offer the list of network specialists.

Table 4: Quality of Personal Information on Health Plan Services on the telephone:

Element B: Functionality—Telephone (QUALITY)																	
QUARTERS	Q3-2020				Q4-2020				Q1-2021				Q2-2021				ANNUAL TOTAL
TOTAL SAMPLES PER QUARTER	30				30				30				30				120
GOAL	100%				100%				100%				100%				100%
Factor 1: Referrals and authorizations	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**Annual Total Average**
1.Was the inquiry initiated by the member or member's representative?	30	0	0	100%	30	0	0	100%	30	0	0	100%	30	0	0	100%	**100%**
2.Did the CSR clearly explain the options for members to submit a prior authorization request? If member agreed to initiate with CSR, did the CSR follow the standard operating procedures to initiate the process?	30	0	0	100%	30	0	0	100%	30	0	0	100%	30	0	0	100%	**100%**
3.Did CSR clearly explain the options for members to submit a prior authorization request? If member agrees to initiate with CSR, did CSR follow the standard operating procedures to initiate the process?	29	0	1	100%	27	0	3	100%	27	0	3	100%	30	0	0	100%	**100%**
4.If a prior authorization was submitted, did the CSR fully explain the next step and turn-round time to the member?	21	1	8	**95%**	18	2	10	**90%**	20	0	10	100%	23	0	7	100%	**96%**
Factor 2: Benefit and financial responsibility (NA- our members do																	

***For Factor 1, measure 3: Cases were N/A- members preferred to work with their referring providers to submit the prior authorization (PA) directly to our plan**

*** Factor 1, measure 4: Cases were NA- members prefer to work with their providers for the PA submission; therefore, the CSR had no need to explain the turn-around time and the next steps.**

b. Quantitative Analysis

For this audit period, SCFHP has randomly selected thirty (30) samples to conduct the accuracy study and thirty (30) samples were selected for the quality study for each quarter. This totaled up to two hundred forty (240) cases annually.

The telephone accuracy measures met the target goal of 100% for all four quarters. Through our accuracy review, we found a common theme in each quarter that fall under Factor 1, measure 3. Nine out of the total number of samples (120) met the target goal and the rest were N/A. These were an N/A as a result of the members calling to verify if a prior authorization was required for a service, and they already have the provider in mind therefore; the CSRs did not have the need to offer the list of network specialists.

SCFHP met the target goal for the telephone quality measures for all four quarters for Factor 1, measure 1-3. For Factor 1, measure 3, the plan achieved 100% of the target goal, although there were seven samples that were N/A for Q3-2020 thru Q1-2021 since the members preferred to work with their referring providers to submit the prior authorization (PA) directly to our plan. Thirty-five samples were also N/A under Factor 1, measure 4. These were results of the members who decided to work with their providers for the PA submission; therefore, the CSR had no need to explain the turn-around time and the next steps.

For factor 2 (Benefit and financial responsibility), our members have no financial responsibility so this factor is indicated as NA.

c. Qualitative Analysis

The qualitative analysis was conducted by both the Director and Manager of Customer Service. The results were carefully reviewed to identify areas of improvements. SCFHP met the target goal for the telephone quality measures for Q1-2021 and Q2-2021 during the audit period. The area that was deficient for Q3-2020 and Q4-2020 was related to CSR not fully explaining the next step and turn- around time to the members after submitting the PA request. The deficiency found during Q3-2020 was caused by one of the new staff who were hired at the beginning of the audit period. During Q4-2020, the deficiency was a result of an oversight from two different representatives due to staffing issues. Without this information, our members may be confused about the process. To correct this issue, a refresher training was provided to the entire team on the prior authorization turn-around time. CSRs were requested to fully explain and document the next steps and turn-around time with the members when the PA is submitted. This training took place on May 28, 2021.

VI. Reporting

Approving Committee	Date of Approval	Recommendations
Quality Improvement Committee		

Appendix A

Audit Sheet

Reviewed by: **Date Reviewed:** **Duration:**

I. Accuracy of Personalized Information on Health Plan Services via the Health Plan Website

Measure: Determine how and when to obtain referrals and authorizations for specific services, as applicable.	Accuracy Goal Met	
	Y/N	N/A
1. The type of service or a procedure from the HP's PA grid correspond with the information found on the member handbook from the website.		
2. The link from the HP website successfully pull up the member handbook.		
3. The member handbook populates information about "referrals".		
4. The member handbook populate information about "authorization".		

II. Quality of Personalized Information on Health Plan Services via the Health Plan Website

Measure: Determine how and when to obtain referrals and authorizations for specific services, as applicable.	Quality Goal Met	
	Y/N	N/A
1. The information provided on "referrals" from the member handbook is clear such as when a referral is needed and when it is not necessary.		
2. Instructions are provided on who a member should contact if there is a need to obtain a prior authorization.		
3. There are information that explain how the member can obtain a referral for a service.		
4. Detailed instructions are provided on what chapter/section of the member handbook to refer to on how and when to obtain referrals and authorizations for specific services.		

Quality Improvement Dashboard

May 2021 – July 2021

Potential Quality of Care Issues

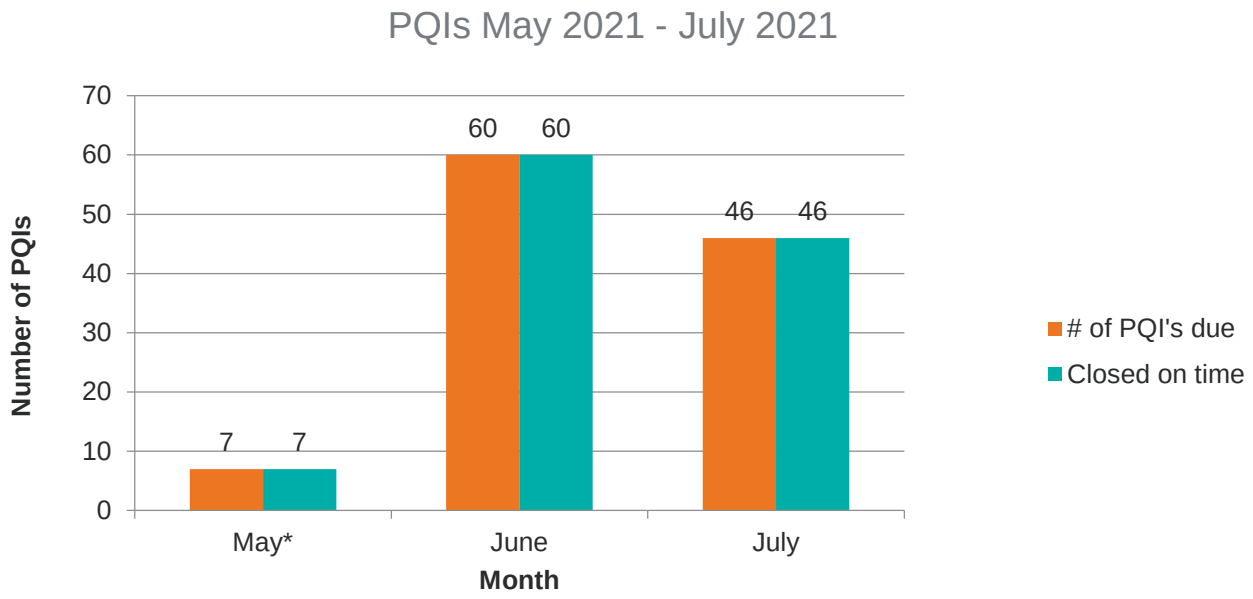
Santa Clara Family Health Plan

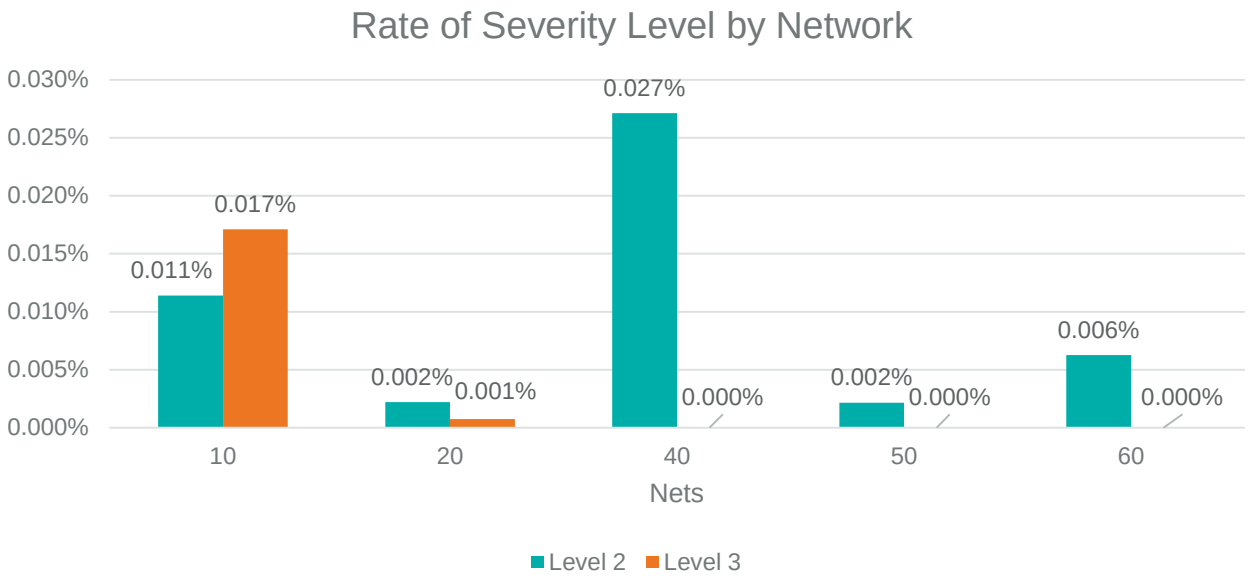
Quality helps ensure member safety by investigating all potential quality of care (PQI) issues

100%

Percentage of PQIs due from May 2021 - July 2021 closed on time within 90* days

PQI Levels: May – July 2021
Level 2: 9 Cases
Level 3: 4 Cases
Level 4: 0 Cases





*QI updated the P&P for PQI and changed the due date from 60 days to 90 days. All PQIs received starting March 1st, 2021 have 90 days to review.

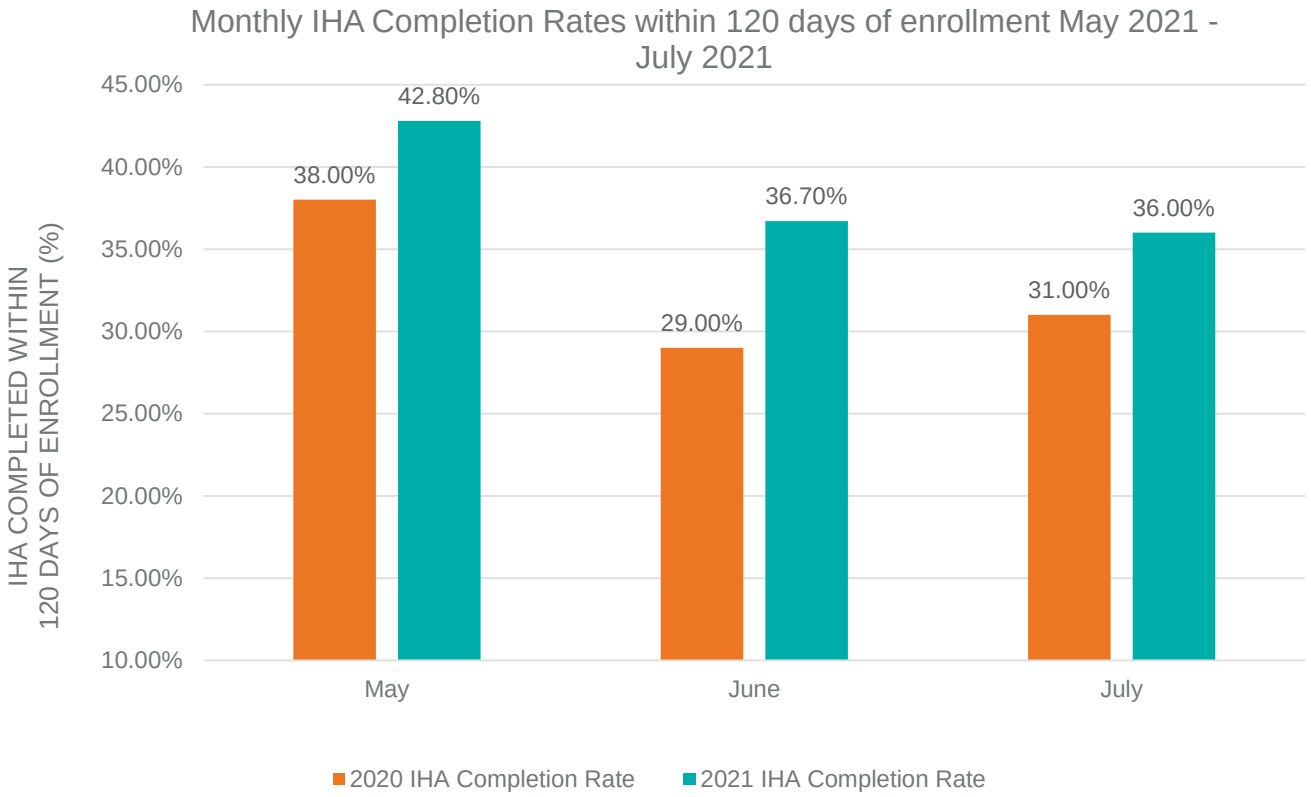
Initial Health Assessment (IHA)

Santa Clara Family Health Plan

What is an IHA?

An IHA is a comprehensive assessment completed during a new MC member's initial visit with their PCP within 120 days of joining the plan

QI currently conducts quarterly IHA audits and provider education to continually improve IHA completion rates



*DHCS has temporarily suspended the requirement to complete IHAs for members within 120 days of enrollment until the COVID-19 emergency declaration has ended. The IHAs will have to be completed once this emergency is over.

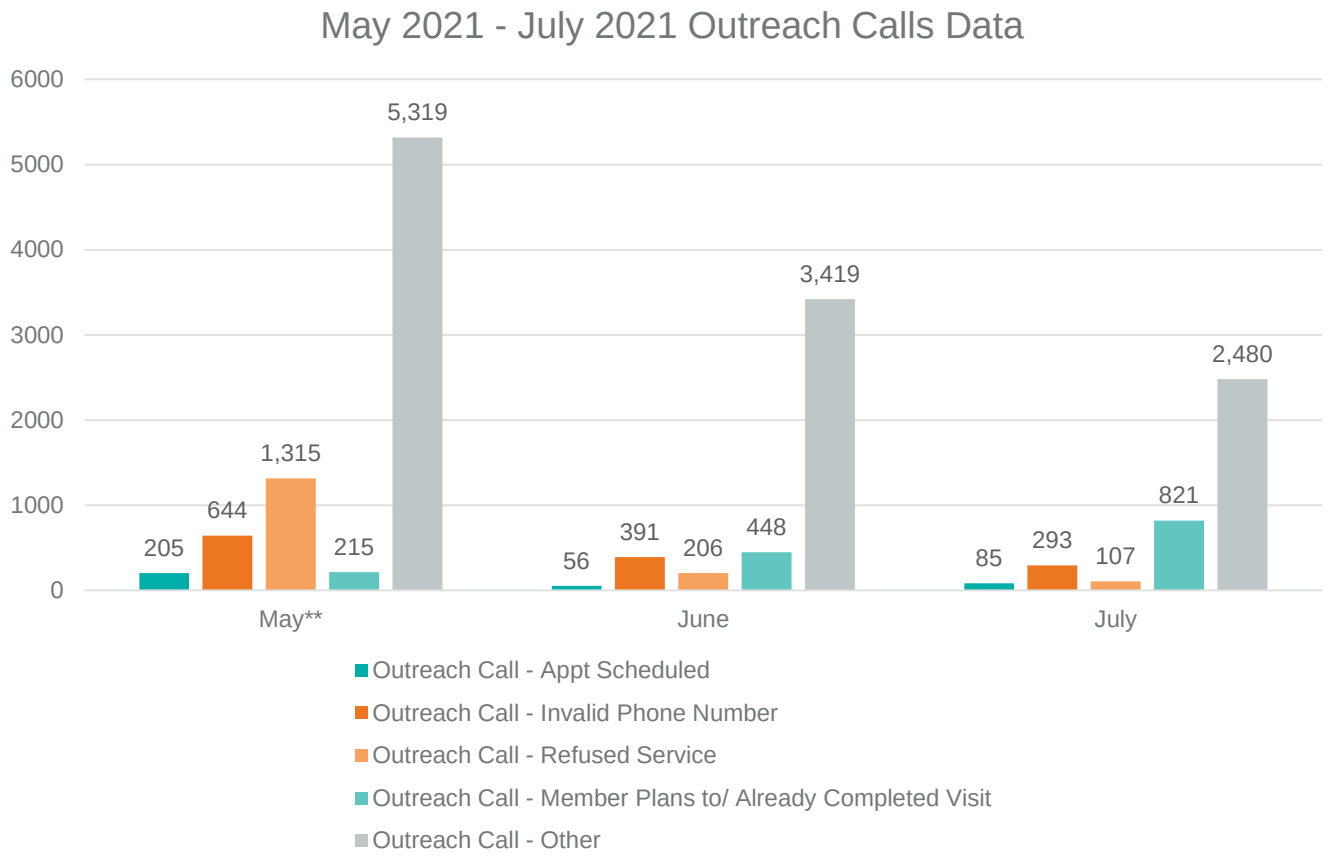
*These IHA rates may change in the future months owing to the 90-day claims lag

Outreach Call Campaign

Santa Clara Family Health Plan

Dedicated outreach call staff conduct calls to members for health education promotion, to help schedule screenings and visits while offering Wellness Rewards

Campaigns Completed (May 2021 – July 2021)	Number of Attempted Outreach
Engaged in Healthcare – Age 21 or above, African Americans, Independent Physicians, AACI, PCNC, VHC Clinics, Medicare (Caucasian), PMG (Caucasian), and PAMF (Caucasian)	5,655
Prenatal and Postpartum Care Program (PPC)	137
Well-Visit – Adolescents (WCV)	8,165
Well-Child Visit (W30)	771
CBP – Controlled Blood Pressure	800
AMR/BC Camp	111



*Outreach Call – Other is primarily used when outreach staff leaves a voicemail, voicemail full/no voicemail, or member does not answer

**There were more outreach calls completed in May due to extra help from the temp COVID outreach team

Health Homes Program (HHP)

Santa Clara Family Health Plan

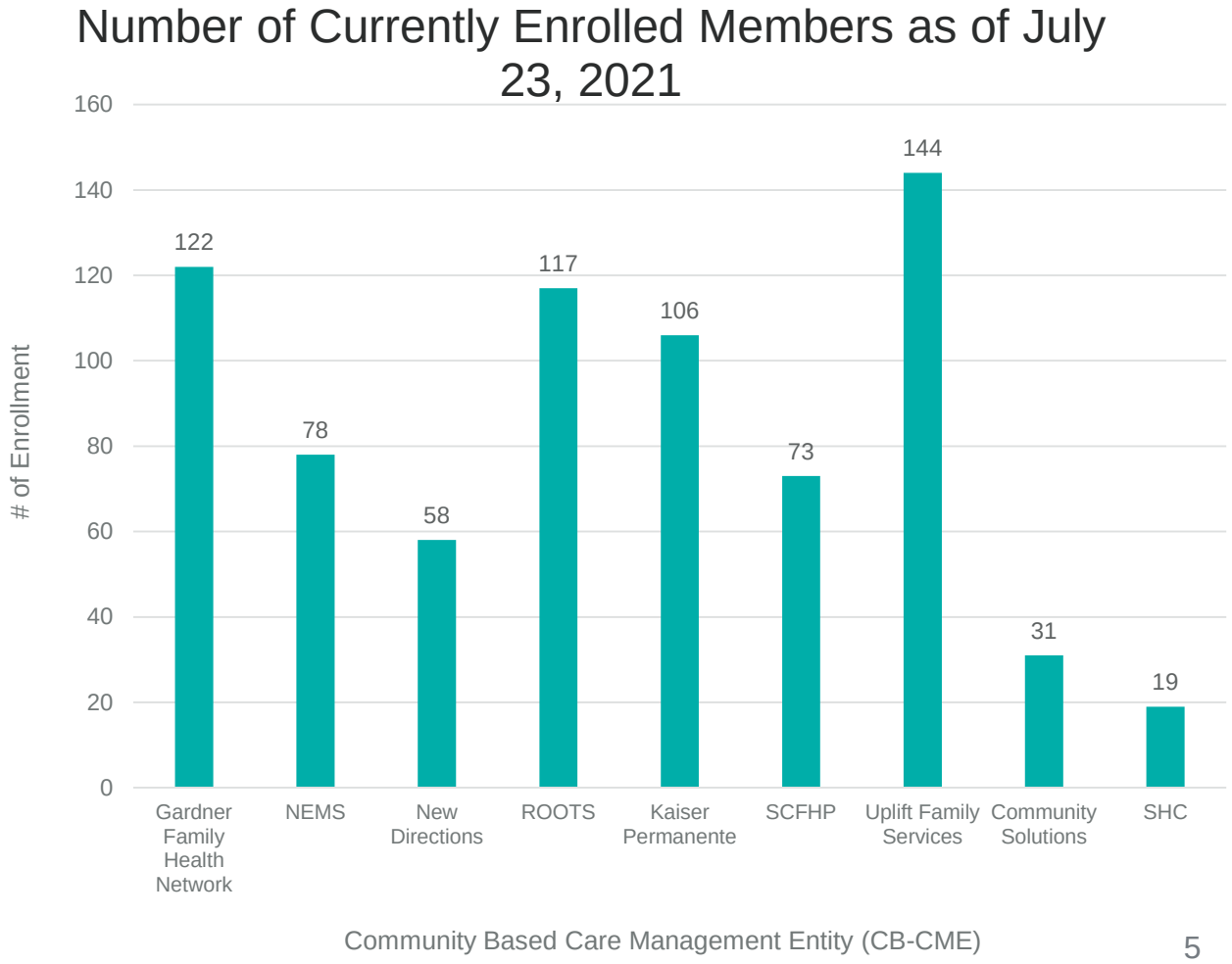
HHP launched with Community Based Care Management Entities (CB-CMEs) on July 1, 2019 for Chronic Conditions and on January 1, 2020 for Serious Mental Illness

What is the Health Homes Program?

HHP is designed to coordinate care for Medi-Cal beneficiaries with chronic conditions and/or substance use disorders

748

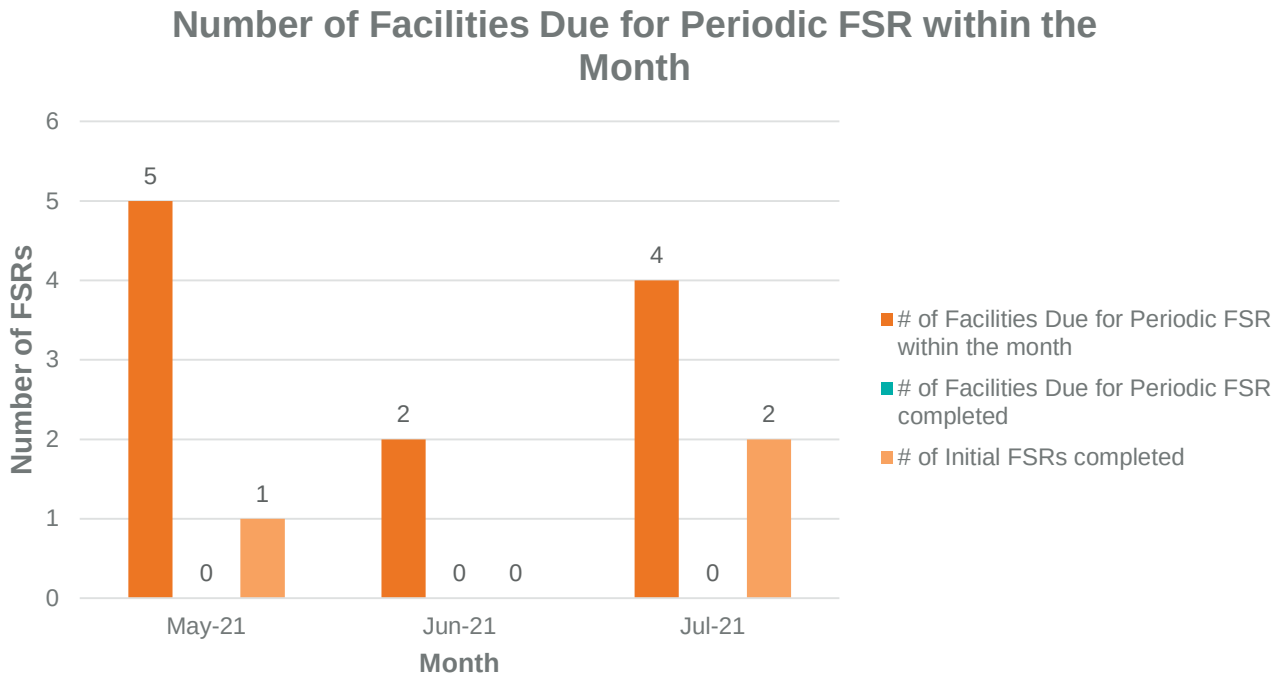
Members have verbally consented into Health Homes as of July 23, 2021



Facility Site Review (FSR)

Santa Clara Family Health Plan

What is a FSR?
A FSR is a 3 part evaluation of all PCPs and high volume specialists to audit provider offices for patient safety



FSRs were not conducted due to the **COVID-19 situation-** Extensions have been approved by DHCS

*DHCS terminated the flexibilities outliner in APL 20-011 effective June 30th, 2021 per EO N-08-21 issued by Governor on June 11th, 2021. Therefore, effective July 1st MCPs are required to begin resumption of these activities and return to standard program operations, policies, and procedures in place before the COVID-19 public health emergency.

*The QI department started working on virtual FSRs for providers/offices due for an initial FSR. The FSR Master Trainer (MT) has begun contacting providers to schedule periodic FSRs.

Santa Clara Family Health Plan™

Regulatory Audit Report

August 3, 2021

- **Medicare Data Validation (MDV)**
  The Plan has completed its annual Medicare data validation audit. SCFHP engaged Advent Advisory Group to validate data reported to CMS during calendar year 2020. The audit validates data submitted for the Part D program, specifically for Appeals & Grievances, Coverage Determinations, Medication Therapy Management, and Improving Drug Utilization Review Controls. After conducting a virtual interview at the end of April to review our overall reporting process, Advent then reviewed our source documentation and submitted final results to CMS in late June. We achieved 100% compliance in all four categories.

- **Department of Health Care Services (DHCS) Medi-Cal Managed Care Audit**
  Our 2021 annual DHCS Medi-Cal audit occurred between March 8 and March 19, covering a review period of March 2020 through February 2021. In July we received the final audit report, which included three findings relating to delegate oversight, utilization management, and transportation vendor enrollment. The Plan will submit corrective action plans for each finding to DHCS by August 18.

- **Department of Managed Health Care (DMHC) Medi-Cal Managed Care Audit**
  Also in March, the Plan underwent a follow-up audit of our 2019 DMHC audit. The scope of the audit was limited to the outstanding deficiencies in our 2019 audit final report, which related to delegate oversight of utilization management and providing proof of a response for post-stabilization care requests within the required timeframe. DMHC did not share any preliminary findings of the follow-up audit with the Plan. We are awaiting a preliminary report.

- **Performance Measure Validation**
  The Plan has been selected by CMS's external quality review organization to participate in the 2021 performance measure validation audit. The audit will focus on our 2020 reporting of data sets demonstrating our compliance with two Cal MediConnect requirements: members with an initial health risk assessment and members with an initial care plan completed within 90 days of enrollment. We have submitted all of the requested documents in advance of a scheduled review session on August 19. A draft report is anticipated in early December.

Santa Clara Family Health Plan™

Pharmacy & Therapeutics Committee

Meeting Minutes

June 17, 2021

Regular Meeting of the

Santa Clara County Health Authority
Pharmacy & Therapeutics Committee

Thursday, June 17, 2021, 6:00 PM – 8:00

PM Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes (Open) - Draft

DRAFT

Members Present
Jimmy Lin, MD, Chair
Ali Alkoraishi, MD
Dang Huynh, PharmD, Director of Pharmacy and UM
Laurie Nakahira, DO, Chief Medical Officer
Peter Nguyen, DO
Jesse Parashar-Rokicki, MD

Members Absent
Xuan Cung, PharmD
Dolly Goel, MD

Staff Present
Duyen Nguyen, PharmD, Clinical Pharmacist
Tami Otomo, PharmD, Clinical Pharmacist
Charlene Luong, Manager, Grievance & Appeals
Kelly Davey, Supervisor, Grievance & Appeals
Kathy Le, PharmD, Pharmacy Resident
Nancy Aguirre, Administrative Assistant

Others Present
Amy McCarty, PharmD, MedImpact

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:05 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Open Meeting Minutes

The 1Q2021 P&T Committee open meeting minutes were reviewed.

It was moved, seconded and the open minutes of the 1Q2021 P&T meeting minutes were **unanimously approved.**

Motion: Dr. Parashar-Rokicki
Second: Dr. Alkoraishi
Ayes: Dr. Huynh, Dr. Lin, Dr. Nguyen
Absent: Ms. Cung, Dr. Goel, Dr. Nguyen

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira, DO, Chief Medical Officer (CMO), presented the CMO Health Plan Updates. Dr. Nakahira reported the current Plan membership is approximately 282,670 members, reflecting an 11.3% increase over the last year, since June 2020. Of which, approximately 10,080 are Cal MediConnect (CMC) members and 272,590 are Medi-Cal (MC) members.

Dr. Nakahira noted the Public Health shelter in place order has been lifted. At the moment, face masks are not required except for children in school and adults who have not been vaccinated.

Currently, the Plan is working on reaccreditation for the CMC line of business as well as the MC NCQA agreement for delegates. In addition, the Plan is creating a Population Health Management (PHM) Strategy to align with CalAIM. SCFHP is also focusing on Behavioral Health (BH), specifically children with access to BH.

Dr. Nakahira announced the Plan is currently undergoing the Department of Health Care Services (DHCS) audit, which started on March 8, 2021, and will close tomorrow.

Dr. Nakahira noted the Community Resource Center has been administering vaccinations, but haven't opened for business yet.

b. Medi-Cal Rx Update

Dang Huynh, PharmD, Director, Pharmacy and Therapeutics and Utilization Management presented the Medi-Cal (MC) Rx Update. An update from DHCS re: the MC Carve Out has not yet been received. Dr. Huynh will report any new developments as they occur.

c. Grievance & Appeals Report – 1Q 2021

Kelly Davey, Supervisor, Grievance & Appeals (G&A), presented the G&A Report for 1Q2021.

Ms. Davey reviewed the grievance cases received as well as the G&A rate per 1,000 members for MC and CMC. Ms. Davey noted a large decrease in CMC grievances received in Q1 2021.

Also reviewed were the Q1 2021 top 3 MC Grievance Categories and the top 3 MC Grievance Subcategories, as well as the MC Appeals by Case Type, Disposition, Overturn Rationale, and Uphold Rationale.

In addition, the top 3 CMC Grievance Categories and the top 3 CMC Grievance Subcategories were reviewed, as well as the CMC Appeals by Case Type, Disposition, Overturn Rationale, and Uphold Rationale.

d. Plan/Global Medi-Cal Drug Use Review

i. Drug Utilization Evaluation Update

Tami Otomo, PharmD, Clinical Pharmacist, shared the results from SCFHP's quarterly retrospective Drug Use Evaluation (DUE) program. For Q2 2021, the focus was Heart Failure, specific to members with a history of an inpatient hospitalization and at least one (1) cardiovascular risk factor. .

ii. DHCS DUR Annual Survey

The DHCS DUR Annual Survey is included in packet for review. Dr. Otomo noted he providers of the impacted members will receive a mailed letter regarding this program

e. Emergency Supply Report – 2Q 2020

Duyen Nguyen, PharmD, Clinical Pharmacist, presented the Emergency Supply Report for 2Q 2020. The approved claims for antibiotics were appropriate. For denied claims, chart notes were requested. One member had a denied claim for Cefpodoxime 11-12 days after the ER admission day. A point of sale message was implemented on 09/29/2020 for cefdinir as formulary alternative. No readmissions for the same diagnosis were found within this quarter.

DRAFT

Adjourned to Closed Session at 6:27p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. Closed Meeting Minutes

The 1Q2021 P&T Committee closed meeting minutes were reviewed.

It was moved, seconded and the closed minutes of the 1Q2021 P&T meeting minutes were **unanimously approved**.

Motion: Dr. Parashar-Rokicki
Second: Dr. Huynh
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Parashar-Rokicki
Absent: Dr. Cung, Dr. Goel, Dr. Nguyen

6. Metrics and Financial Updates

a. Membership Report
The Membership Report was presented by Dr. Nakahira during the CMO Update.

b. Pharmacy Dashboard
Dr. Otomo reviewed the Pharmacy Dashboard.

c. Drug Utilization & Spend – 1Q 2021
Amy McCarty, PharmD, MedImpact, presented the Drug Utilization and Spend for 1Q2021.

7. Discussion and Recommendations for Changes to SCFHP's Medical Benefit Drug PA Grid

a. Medical Benefit Drug PA Grid Modifications
Dr. Otomo referenced the Pharmacy Benefit Manager 4Q2020 P&T Minutes included in the meeting packet.

It was moved, seconded and the Medical Benefit Drug PA Grid Modifications were **unanimously approved**.

Motion: Dr. Huynh
Second: Dr. Alkoraishi
Ayes: Dr. Lin, Dr. Nakahira, Dr. Parashar-Rokicki,
Absent: Dr. Cung, Dr. Goel, Dr. Nguyen

8. Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria

a. Pharmacy Benefit Manager 1Q 2021 P&T Minutes

Dr. McCarty reported there were no old business items to report and/or follow-up.

b. Pharmacy Benefit Manager 2Q2021 P&T Part D Actions
Dr. McCarty presented the changes made to the Medi-Cal formulary since the last P&T Committee meeting in September 2020.

It was moved, seconded and the Pharmacy Benefit Manager 1Q 2021 P&T Minutes and 2Q2021 P&T Part D Actions were **unanimously approved**.

Motion: Dr. Huynh
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Nakahira, Dr. Parashar-Rokicki,
Absent: Dr. Cung, Dr. Goel, Dr. Nguyen

9. Discussion and Recommendations for Changes to SCFHP's Medi-Cal Formulary & Prior Authorization Criteria

a. Old Business/Follow-Up
Dr. Lin noted there were no updates to report.

b. Formulary Modifications
Dr. Otomo reviewed the formulary changes.

It was moved, seconded and the Formulary Modification were **unanimously approved**.

Motion: Dr. Alkoraishi
Second: Dr. Lin
Ayes: Dr. Huynh, Dr. Nakahira, Dr. Parashar-Rokicki,
Absent: Dr. Cung, Dr. Goel, Dr. Nguyen

c. Fee-for-Service Contract Drug List Comparability
Dr. McCarty reviewed the Fee-for-Service (FFS) Contract Drug List (CDL) Comparability for MC.

d. Prior Authorization Criteria
Dr. Nguyen reviewed the Prior Authorization Criteria.

iii. <u>New or Revised Criteria</u>

1. Tadalafil (Adcirca)
2. Dimethyl Fumarate (Tecfidera) – *added with PA criteria*
3. Amitiza (lubiprostone)
4. Brand Name
5. Copaxone (glatiramer acetate)
6. Gilenya (fingolimod)
7. Humira (adalimumab)

iv. <u>Annual Review</u>

1. Androgel (testosterone gel) – *no changes*
2. Ciprodex (ciprofloxacin/dexamethasone) – *no changes*
3. Diabetic Supplies – *no changes*
4. Dovonex (calcipotriene) – *no changes*
5. Elmiron (pentosan polysulfate) – *no changes*
6. Exelon (rivastigmine) – *no changes*
7. Hycet (hydrocodone/acetaminophen sol) – *no changes*
8. Intron A (interferon alfa-2b) – *no changes*
9. Lovaza (omega-3 acid ethyl esters) – *no changes*
10. Lysteda (tranexamic acid) – *no changes*
11. Makena (hydroxyprogesterone caproate) – *no changes*
12. Malarone (atovaquone/proguanil) – *no changes*
13. Marinol (dronabinol) – *no changes*
14. Mavyret (glecaprevir/pibrentasvir) – *no changes*
15. Mycobutin (rifabutin) – *no changes*
16. Nebupent (pentamidine) – *no changes*
17. Oral liquids – Non-formulary – *no changes*
18. Pain Medication – Terminally ill
19. Provigil (modafinil)
20. Reauthorizations
21. Restatis, Cequa (cyclosporine)
22. Revatio (sildenafil)
23. Santyl (collagenase)

DRAFT

24. Sporanox (itraconazole)
25. Symlin (pramlintide)
26. Tymlos (abaloparatide)
27. Viropric (trifluridine)
28. Xenazine (tetrabenazine)
29. Hepatitis C
30. Rhopressa (netarsudil)
31. Oncology
32. Epclusa (sofobuvir/velpatasvir)

Peter Nguyen joined the meeting at approximately 7:21 p.m.

It was moved, seconded and the Prior Authorization Criteria was **unanimously approved.**

Motion: Dr. Huynh
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki
Absent: Dr. Cung, Dr. Goel

10. New Drugs and Class Reviews

a. S1P Receptor Modulators – Multiple Sclerosis
Kathy Le, PharmD, Pharmacy Resident reviewed the background and clinical recommendations for S1P Receptor Modulators, specific to Multiple Sclerosis.

b. Pulmonary Arterial Hypertension
Dr. McCarty presented an overview of Pulmonary Arterial Hypertension.

c. Oral Azole Antifungals
Dr. McCarty presented an overview of Oral Azole Antifungals.

d. Actinic Keratosis
Dr. McCarty presented an overview for Actinic Keratosis.

e. Farxiga – Chronic Kidney Disease
Dr. McCarty presented an overview of Farxiga – Chronic Kidney Disease.

f. New Entities – Tepmetko, Qelbree
Dr. McCarty presented an overview of two new entities: Tepmetko and Oelbree.

g. New Formulations – Vesicare LS, Bronchitol, Elepsia XR, Roszet
Dr. McCarty presented an overview of Vesicare LS, Bronchitol, Elepsia XR, and Roszet.

h. New Indications – Gocovri, Actemra, Praluent
Dr. McCarty presented an overview of Gocovri, Actemra, and Praluent.

i. New & Expanded Indications – *Informational Only*
Dr. McCarty presented the new and expanded indications.

It was moved, seconded and the recommendations for New Drugs and Class Reviews were **unanimously approved.**

Motion: Dr. Huynh
Second: Dr. Nguyen
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Parashar-Rokicki
Absent: Dr. Cung, Dr. Goel

Reconvene in Open Session at 7:58 p.m.

11. Discussion Items

a. New and Generic Pipeline

Dr. McCarty reviewed the New and Generic Pipeline. There were no notable generic drugs to review at this time.

12. Adjournment

The meeting adjourned at 8:01 p.m. The next P&T Committee meeting will be on Thursday, September 16, 2021.

_____ _____

Jimmy Lin, MD, Chair Date

DRAFT

Santa Clara Family Health Plan™

Utilization Management Committee

Meeting Minutes

July 21, 2021

Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee

Wednesday, July 21, 2021 6:00 – 7:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present	**Staff Present**
Jimmy Lin, M.D., Internal Medicine, Chair Ali Alkoraishi, M.D., Psychiatry Ngon Hoang Dinh, OB/GYN Laurie Nakahira, D.O., Chief Medical Officer Habib Tobbagi, PCP, Nephrology **Members Absent** Dung Van Cai, D.O., Head & Neck Indira Vemuri, Pediatric Specialist	Christine Tomcala, Chief Executive Officer Dang Huynh, PharmD, Director, Utilization Management & Pharmacy Lily Boris, M.D., Medical Director Natalie McKelvey, Manager, Behavioral Health Luis Perez, Supervisor, Utilization Management Hoang Mai Vu, Utilization Management & Discharge Planning Nurse Amy O'Brien, Administrative Assistant

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:05 p.m. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the April 21, 2021 Utilization Management Committee (UMC) meeting were reviewed.

It was moved, seconded, and the minutes of the April 21, 2021 UMC meeting were **unanimously approved.**

Motion: Dr. Nakahira
Seconded: Dr. Tobbagi
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Tobbagi
Absent: Dr. Cai, Dr. Dinh, Dr. Vemuri

4. Chief Executive Officer Update

Christine Tomcala, Chief Executive Officer, highlighted the Plan's collaboration with the County Emergency Operations center to hold pop-up vaccination clinics at the Community Resource Center (CRC). At least 300 vaccines were administered during each clinic. The most recent clinic was held on January 19, and SCFHP

was given 470 vaccines. Of those 470 vaccines, there were some left over, which may be attributable to the vaccine hesitancy issue. Ms. Tomcala confirmed SCFHP will connect with Dr. Lin on the best way to inform his patients of upcoming clinics.

Dr. Tobbagi expressed concern with vaccine waste. Ms. Tomcala advised that, up until yesterday's clinic, vaccine waste was not an issue. SCFHP provides the location; the Public Health department coordinates all the staffing and clinical details. The Public Health department is concerned about vaccine waste and this issue is being addressed. Dr. Lin asked for the date of the next clinic. Ms. Tomcala replied that Public Health does not give the Plan advance notice. SCFHP has requested that Public Health devise a more routine schedule which would encourage more public participation and less vaccine waste. Dr. Nakahira directed Dr. Lin to our website which has a link to the Public Health Department. Vaccine availability has increased and Levi Stadium is under consideration as a potential pop-up vaccination site. Ms. Tomcala welcomes the committee's ideas and recommendations to overcome vaccine hesitancy amongst our members.

5. Chief Medical Officer Update

a. General Update

Dr. Laurie Nakahira, Chief Medical Officer, began with a reminder to committee members to sign the annual SCFHP confidentiality agreement. Dr. Nakahira provided the Committee with a COVID-19 update. The Plan provides assistance to members who are 65 years of age and older to help them make vaccine appointments online in conjunction with the Public Health department. Public Health has agreed to reserve a certain number of vaccine appointments for our high-risk members. The Plan continues to call our members to confirm if they have been vaccinated, provide assistance on how to make appointments to be vaccinated, and, if applicable, the reasons why vaccination is declined. The most common reason given is concern over long-term side effects.

Dr. Nakahira continued with the Plan's successful completion of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) audits in March 2021. A final audit report is pending. The Plan is focusing on Enhanced Case Management (ECM) and In-Lieu-of-Services (ILOS). The Plan is preparing for the sun-setting of the County's Whole Person Care and Home Health programs

6. Old Business/Follow-Up Items

a. Prior Authorization Volume 2019 vs. 2020 vs. 2021

Dr. Dang Huynh, PharmD, Director Utilization Management and Pharmacy, presented an overview of PCR Rates, and ways to reduce the number of readmissions. PCRs are readmissions that occur in acute settings within 30 days. The Plan's Fiscal Year goal is to reduce Medi-Cal PCRs to 7.48%. Dr. Huynh described the strategies the UM department will implement in order to achieve this goal. The UM department is expanding their TLC in the Case Management department, so calls, follow-up reviews, and HRA's are all in alignment. UM is identifying individuals who are candidates for further outreach, and working with the Plan's provider groups for more oversight on their concurrent review and discharge planning processes, which reduces their PCR, as well as the Plan's PCR. The UM department has built strong relationships with the Plan's contracted hospitals to strategize a more proactive approach to prior authorizations and timely discharge planning procedures. Finally, the UM department will improve their analytics on ADT data to support provider groups. Dr. Lin stated that Medicare readmissions rates are significantly higher than the Plan's 9.58%, and he approves of the Plan's emphasis on communication with contracted hospitals and providers.

b. Plan All-Cause Readmissions Rates Due to COVID-19

7. UM Policy Updates

a. HS.02 Medical Necessity Criteria

Dr. Lily Boris, Medical Director, presented the Committee with the annual review of the UM Program Evaluation for 2020. The UM Program Evaluation is a requirement of the state, as well as the NCQA. It is divided into

Quality of Clinical Care and Quality of Service. The UM department successfully completed quality of clinical care and corresponding HEDIS metrics such as: current reporting; quality of inpatient care; readmissions; the UM Program Description; medical necessity criteria policy; and prior authorizations on outpatient and inpatient stays. The only 2 items that were not completed were Item #9 Track and Monitor Behavioral Health Inpatient Stays for Cal MediConnect, and Item #16 Conduct Member and Provider Satisfaction Surveys. Item #9 was not measured, as the Plan did not have access to the data set. A new parameter has been built so the Plan can provide this information next year. Item #16 was not completed as Medi-Cal and Medicare satisfaction surveys are conducted outside of the Plan's purview. Otherwise, all quality of clinical care and HEDIS items were reviewed and completed in a timely fashion.

It was moved, seconded and the UM Policy Updates were **unanimously approved**.

Motion: Dr. Tobbagi
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Tobbagi
Absent: Dr. Cai, Dr. Dinh, Dr. Vemuri

8. Inter-Rater Reliability (IRR) UM Report - 2021

9. UM Review of Delegation Results and Process

a. Annual Review of UM Delegation Results

Dr. Dang Huynh, PharmD, Director Utilization Management and Pharmacy, presented an overview of PCR Rates, and ways to reduce the number of readmissions. PCRs are readmissions that occur in acute settings within 30 days. The Plan's Fiscal Year goal is to reduce Medi-Cal PCRs to 7.48%. Dr. Huynh described the strategies the UM department will implement in order to achieve this goal. The UM department is expanding their TLC in the Case Management department, so calls, follow-up reviews, and HRA's are all in alignment. UM is identifying individuals who are candidates for further outreach, and working with the Plan's provider groups for more oversight on their concurrent review and discharge planning processes, which reduces their PCR, as well as the Plan's PCR. The UM department has built strong relationships with the Plan's contracted hospitals to strategize a more proactive approach to prior authorizations and timely discharge planning procedures. Finally, the UM department will improve their analytics on ADT data to support provider groups. Dr. Lin stated that Medicare readmissions rates are significantly higher than the Plan's 9.58%, and he approves of the Plan's emphasis on communication with contracted hospitals and providers.

b. Annual Review of the UM Delegation Process

It was moved, seconded and the Annual Review of the UM Delegation Process was **unanimously approved**.

Motion: Dr. Tobbagi
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Tobbagi
Absent: Dr. Cai, Dr. Dinh, Dr. Vemuri

10. UM 1B Annual Provider and Member Satisfaction with UM Process - 2020

Dr. Boris gave an overview of the 2020 UM 1B Annual Assessment of Senior Level Practitioners, as required by NCQA. The purpose is to determine how a senior level practitioner participates in the Plan's UM Committee. Dr. Boris co-chairs this committee with Dr. Lin. Dr. Alkoraishi also participates in this committee to address the Behavioral Health perspective. Dr. Boris explained how the answers to 6 targeted questions demonstrate the fact that senior level practitioners meet the necessary NCQA standards and elements.

Dr. Dinh joined the meeting at 6:42 p.m.

11. Reports

a. Membership

Dr. Boris gave a brief summary of the Membership Report from April 2020 through April 2021. Cal MediConnect membership has increased to 9,924 members, and Medi-Cal membership has increased to 269,043 members. The Plan's total population has increased from 243,774 members to 278,967 members, largely attributable to the pause on Medi-Cal redeterminations due to COVID. The majority of our members remain delegated to Valley Health Plan, with the remaining majority delegated to Physicians Medical Group, Kaiser Permanente, and Premier Care.

b. Over/Under Utilization by Procedure Type/Standard UM Metrics

Dr. Boris presented the Committee with the UM objectives and goals. Dr. Boris summarized the results of the Medi-Cal SPD and non-SPD lines of business for the calendar year 2020, with a comparison to the results from 2019. Dr. Boris also summarized the results for the Cal MediConnect line of business, with a comparison to the data from 2019. Dr. Boris next summarized the number of admissions and re-admissions for both the Medi-Cal and Cal MediConnect lines of business. Ms. Tomcala asked if admissions and readmissions were affected by COVID and the fact that many elective procedures were put on hold. Dr. Boris replied that the UM department will analyze COVID admissions and readmissions for 2020 and bring these results to the July 2021 meeting. Dr. Huynh advised that some of the data may have been affected by the HEDIS change.

Dr. Boris concluded with a summary of the Cal MediConnect readmission rates, which have increased since 2019. The UM team will perform analysis to determine how COVID may have affected this increase in PCR rates.

c. Dashboard Metrics

- Turn-Around Time – Q2 2021

Mr. Perez summarized the Cal MediConnect Turn-Around Time metrics for Q2 2021. The turn-around times in all categories are compliant at 99% or better, with the exceptions of expedited pre-service prior authorization requests with a 95.9% rate, expedited Part C initial determinations at 96.9%, standard prior authorization requests for Part B drugs at 94.6%, and expedited prior authorization requests for Part B drugs at 97.4%.

Mr. Perez next summarized the Turn-Around times for Medi-Cal authorizations for Q2 2021. The turn-around times for all Medi-Cal authorizations combined is compliant at 98% or better.

Dr. Huynh explained that some of the turn-around times were impacted by issues with the mail room and the fax line. The UM Department is focusing on better reporting, streamlining processes, and additional training, with a commitment to 100% compliance with contractual and regulatory requirements. Dr. Huynh explained to Dr. Lin that even 1 non-compliant case found by the CMS auditors triggers an impact analysis to determine if there are additional cases of non-compliance.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q2 2021

Dr. Huynh summarized the data from the Q1 2021 Cal MediConnect and Medi-Cal Quarterly Referral Tracking reports for the Committee. Dr. Huynh explained that the UM team tracks the cycle of prior authorizations from the time the prior authorization is issued through to claims payment. The average claims cycle is 90 days. This report is affected by a claims data lag. Dr. Huynh explained that the annual review, which incorporates this data lag, presents a more accurate picture of timeframes within the claims cycle. Dr. Lin asked how the 2020 results compare with 2019. Dr. Huynh replied that he will review these numbers and

present the results at the July 2021 meeting. Dr. Huynh agrees that COVID has affected the number of outpatient services and prior authorization requests.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q2 2021

Dr. Boris summarized the results of the Q1 2021 Quality Monitoring of Plan Authorizations and Denial Letters for the Committee. Dr. Boris reported that the UM department received a 100% score in virtually all categories, with the exception of a small handful of written notifications that either contained unexplained medical terminology, grammatical and punctuation errors, or omitted the rationale for the denial. Dr. Huynh will ensure these errors will be reviewed with all UM staff members. UM leadership will continue to take an active role in QA oversight.

f. Behavioral Health UM

Ms. Natalie McKelvey, Manager, Behavioral Health, presented an overview of utilization of the Behavioral Health Treatment program. Ms. McKelvey highlighted the number of developmental screenings, and Dr. Lin remarked on the high number of Q1 screenings for VHP and PMG. Ms. McKelvey believes this could be due to a claims lag, or the fact that the providers do not promptly bill for services. Ms. McKelvey will provide an update at the July 2021 meeting. Ms. McKelvey discussed how important it is for BH providers to complete ACES Aware training and conduct trauma screenings. Ms. McKelvey discussed the fact that the Plan provides assistance to providers in how to conduct trauma screenings which includes peer-to-peer training via Zoom.

Dr. Tobbagi asked for an explanation of payment structure, and Ms. McKelvey advised the County is responsible for providing specialty mental health, and health plans are responsible for serving the mild to moderate symptoms population. The payment structure is complicated, as it is based primarily on the patient's function level. A discussion ensued amongst Ms. McKelvey, Dr. Tobbagi, and Dr. Lin as to the Plan's top 10 billing providers, and the cost of BH services. Ms. McKelvey advised BH is not a capitated service with respect to autism. The Plan follows the APL and EPSDT requirements for treatment for kids. Treatment plans are approved every 6 months to confirm medical necessity. Dr. Tobbagi asked about the amount of compensation for initial BH consultations for adults. Ms. McKelvey replied she does not have the specific numbers, but the Plan pays over the Medicare and Medi-Cal rates.

Dr. Boris pointed out that, with respect to the bar graph which shows the top 10 billing providers, the graph includes all BH treatment provided from 2018-2020 and includes children who receive a combination of ABA therapy in the home. Ms. McKelvey clarified the bar graph does not include speech or occupational therapies. The BH team regularly meets with ABA providers to ensure the standard of medical necessity is met, and discussions continue to understand what the community standard is for BH treatment.

Dr. Tobbagi asked why so many patients are having trouble getting referrals to Stanford when they change their primary care physician. Dr. Nakahira and Dr. Boris agreed this may be an issue with Stanford's process. They will research this issue to confirm there is not a problem with the Plan's referral process.

12. Adjournment

The meeting adjourned at 7:26 p.m. The next meeting of the Utilization Management Commitment is on October 20, 2021 at 6:00 p.m.

_____ _____

Jimmy Lin, M.D, Chair
Utilization Management Committee

Date

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

___Credentialing Committee_____ 06/02/2021

Areas of Review or Committee Activity
Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	17	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	13	
Number practitioners recredentialed within 36-month timeline	13	
% recredentialed timely	100%	100%
Number of Quality of Care issues requiring mid-cycle consideration	0	
Percentage of all practitioners reviewed for ongoing sanctions or licensure limitations or issues	100%	100%
Terminated/Rejected/Suspended/Denied		
Existing practitioners terminated with cause	0	
New practitioners denied for cause	0	
Number of Fair Hearings	0	
Number of B&P Code 805 filings	0	
Total number of practitioners in network (excludes delegated providers) as of 05/31/2021	302	

(For Quality of Care ONLY)	**Stanford**	**LPCH**	**VHP**	**PAMF**	**PMG**	**PCNC**
Total # of Suspension	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0
Total # of practitioners	1346	1137	760	824	407	132

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.